

# TURBIDITY & DISINFECTION REPORT

Return completed form to:

Colorado Department of Public  
Health & Environment  
WQCD-CMDM-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

(303) 692-3500

PWSID# CO-0207504

NAME OF WATER SYSTEM: Meadow Mountain W

COUNTY: Boulder

MONTH/YEAR: JUL / 05

FILTER PLANT NUMBER  
OR FILTER PLANT NAME: # \_\_\_\_\_ - NAME: \_\_\_\_\_

CERTIFIED  
OPERATOR SIGNATURE: \_\_\_\_\_

PLEASE FILL IN ALL FIELDS (both sides)

## I. TURBIDITY SECTION

Point of Measurement PLANT Type of Filtration Bo  
eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day 2 Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 2 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 31 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 2

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 2 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
DAY	Midnight - 4:00 a.m.	4:00 a.m. - 8:00 a.m.	8:00 a.m. - Noon	Noon - 4:00 p.m.	4:00 p.m. - 8:00 p.m.	8:00 p.m. - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1			.27					.27	9:15A
2			.21					.21	10:15A
3				.32				.32	2:20P
4				.21				.21	1:55P
5		.22						.22	6:30A
6			.18					.18	11:15A
7				.19				.19	3:30P
8			.21					.21	11:30A
9					.031			.31	6:00P
10			.44					.44	10:00A
11			.35					.35	11:10A
12			.25					.25	10:30A
13			.24					.24	11:45A
14				.25				.25	1:30P
15					.36			.36	4:30P
16			.21					.21	11:40A
17					.43			.43	5:00P
18				.36				.36	12:30P
19				.59				.59	2:00P
20			.57					.57	11:30A
21				.45				.45	1:00P
22				.45				.45	2:00P
23					.27			.27	4:50P
24			.48					.48	10:30A
25				.36				.36	12:30P
26			.50					.50	10:00A
27			.41					.41	11:30A
28				.48				.48	1:30P
29				.39				.39	12:20P
30					.21			.21	7:30P
31					.24			.24	8:00P
HIGHEST READING OF THE MONTH:								.59	

### INSTRUCTIONS:

- If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
- If you perform GRAB sampling, collect your grab samples at the same time each day.
- Record the TIME you take your readings at the TOP of the appropriate column.
- Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
- Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
- If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: ( )

PWSID# C0-0207504

CERTIFIED  
OPERATOR SIGNATURE: \_\_\_\_\_

NAME OF WATER SYSTEM: Meadow Mountain

OPER. NAME PRINTED: \_\_\_\_\_

COUNTY: Boulder

Plant Number or Name: # \_\_\_\_\_ - NAME: \_\_\_\_\_

MONTH/YEAR: JAN 2005

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month \_\_\_\_\_
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected \_\_\_\_\_
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) \_\_\_\_\_ %
- D Are the measurements as TOTAL or FREE chlorine? \_\_\_\_\_

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation.  
(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.5	1				
2	.8	1				
3	.8	1				
4	.9	1				
5	.8	1				
6	.9	1				
7	.5	1				
8	.6	1				
9	0.6	1				
10	.5	1				
11	.5	1				
12	.5	1				
13	.5	1				
14	1.0	1				
15	1.0	1				
16	1.0	1				
17	1.0	1				
18	.8	1				
19	.8	1				
20	.8	1				
21	.7	1				
22	.7	1				
23	.5	1				
24	1.0	1				
25	.8	1				
26	1.0	1				
27	.5	1				
28	.7	1				
29	.6	1				
30	.6	1				
31	.6	1				

- INSTRUCTIONS:
1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
  2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

**TURBIDITY & DISINFECTION REPORT**  
Return completed form to:

Colorado Department of Public  
Health & Environment  
WQCD-CMDM-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

(303) 692-3500

PWSID# CO-0207504  
NAME OF WATER SYSTEM: Meadow Mountain W  
COUNTY: Boulder  
MONTH/YEAR: Feb/05  
FILTER PLANT NUMBER  
OR FILTER PLANT NAME: # - NAME: -  
CERTIFIED  
OPERATOR SIGNATURE: [Signature]

PLEASE FILL IN ALL FIELDS (both sides)

**I. TURBIDITY SECTION**

Point of Measurement PLANT Type of Filtration BAG  
eg. conventional, direct, slow sand, DE, etc.

Required number of Turbidity readings per day 2 Check One: ☐ Continuous ☒ Grab Samples

Turbidity MCL 2 NTU (1.0 or 0.5 or other MCL per written notification from this Department)

A Total number of Turbidity readings this month 28 Do NOT count PO entries (Maximum = 186 from 6 columns)

B Number of Turbidity measurements which are greater than the MCL 0

C Percent of Turbidity measurements which are greater than the MCL (Note: C = B/A x 100) 0 %

D If C is greater than 5%, notify this Department and attach proof of Public Notice.

E Did any readings exceed 5.0 NTU? ☐ Yes ☒ No If yes, was CDH Notified? ☐ Yes ☐ No

☐ CHECK here if filter plant was OFF THE ENTIRE MONTH.

You must turn in a turbidity report for every WTP even if the report is to tell us the plant did not operate.

TURBIDITY MEASUREMENTS									
	Time:	Time:	Time:	Time:	Time:	Time:		HIGHEST	
DAY	Midnight - 4:00 a.m.	4:00 a.m. - 8:00 a.m.	8:00 a.m. - Noon	Noon - 4:00 p.m.	4:00 p.m. - 8:00 p.m.	8:00 p.m. - Midnight	Check if > MCL	Readings for the DAY	Highest Reading TIME
1					.57			.57	4:45P
2					.50			.50	7:20P
3		.48						.48	7:15A
4				.23				.23	2:00P
5				.44				.44	3:30P
6			.23					.23	11:00A
7			.43					.43	9:45A
8				.40				.40	12:15P
9				.38				.38	3:30P
10					.40			.40	4:30P
11			.39					.39	8:30A
12				.41				.41	2:30P
13			.38					.38	3:50P
14					.28			.28	5:00P
15					.30			.30	5:30P
16				.72				.32	12:15P
17			.33					.33	11:15A
18				.37				.37	2:30P
19				.29				.29	3:15P
20				.28				.28	3:00P
21			.27					.27	9:30A
22				.26				.26	7:30P
23			.28					.28	11:02A
24			.42					.42	11:02A
25				.46				.46	2:30P
26					.40			.40	7:30P
27					.35			.35	4:00P
28					.28			.28	5:30P
29									
30									
31									
HIGHEST READING OF THE MONTH:								.57	

**INSTRUCTIONS:**

1. If you use a CONTINUOUS monitoring turbidimeter, record the value at the same times each day.
2. If you perform GRAB sampling, collect your grab samples at the same time each day.
3. Record the TIME you take your readings at the TOP of the appropriate column.
4. Record the highest turbidity reading recorded over the day. If you use a continuous monitoring turbidimeter, the reading could occur at ANY time during the day, not just your designated four hour reading.
5. Enter PO for plant off if the treatment plant did not operate within the designated 4 hour block.
6. If turbidity readings are greater than the MCL refer to the 'TURBIDITY MCL RESPONSE POLICY'.

DAYTIME PHONE: (303) 747-2066

PWSID# C0-0207504

CERTIFIED OPERATOR SIGNATURE: [Signature]

NAME OF WATER SYSTEM: Meadow Mountain

OPER. NAME PRINTED: STANLEY L. THOMPSON

COUNTY: Boulder

Plant Number or Name: # - NAME:

MONTH/YEAR: FEB/05

II. A. CHLORINATION - DISTRIBUTION SYSTEM

- A Number of Chlorine Residual measurements taken from the distribution system this month 28
- B Number of Chlorine Residual measurements in the distribution where NO Chlorine was Detected 0
- C Percent of Chlorine Residual measurements with NO Chlorine detected (Note: C = B/A X 100) 0 %
- D Are the measurements as TOTAL or FREE chlorine? PH132

NOTE: (A) An undetectable residual disinfectant concentration within the distribution system in more than 5% of the samples per month for any two consecutive months is considered a treatment technique violation.  
(B) Whenever you collect a routine bacteriological water sample, you must always determine the chlorine level, using a DPD chlorine test kit, and record the value on the bacteriological lab form.

II. B. CHLORINATION - TREATMENT PLANT

NOTE: If the filter plant is SHUT OFF but treated water is still entering the distribution system from a clear well, you must CONTINUE to take chlorine residual readings and continue to maintain a minimum chlorine residual of .2 mg/l at all times at the entry point to the distribution system.

Day	Lowest Residual Reading	Number of Measurements per day	Check if Residual is < .2 mg/l	CDH Notified YES or NO	If CDH Notified, Date & Time	COMMENTS For Chlorine or Turbidity
1	.7	1				
2	.7	1				
3	.7	1				
4	.9	1				
5	.8	1				
6	.7	1				
7	.5	1				
8	.6	1				
9	.7	1				
10	.9	1				
11	1.0	1				
12	1.0	1				
13	1.0	1				
14	.5	1				
15	.6	1				
16	.5	1				
17	.7	1				
18	1.0	1				
19	.7	1				
20	.8	1				
21	.9	1				
22	.8	1				
23	.7	1				
24	.5	1				
25	.6	1				
26	.7	1				
27	.7	1				
28	.8	1				
29						
30						
31						

- INSTRUCTIONS:
- 1. Enter the level of the lowest residual disinfectant entering the distribution system into the first column.
  - 2. Enter "Continuous" into the "Number of Measurements per day" column if you are using continuous monitoring equipment.

## 2005 Monitoring Schedule

CDPHE - WQCD

CO0207504 MEADOW MOUNTAIN WS

County: BOULDER

Source: Surface Water

Type: Community Public

## Total Coliform Sample Schedule

Analyte Name	Analyte Code	Sampling Period	Sample Requirements
Total Coliform	3100	1/1 to 12/31	1 per MN

## Grouped Chemical Analyte Sample Schedules

FACILITY 001 TYPE TP MEADOW MTN SWTP01				SAMPLE PT 001 TYPE EP	
FLUORIDE		Period Begin	1/1/2005	Period End	12/31/2005
Analyte Name	Analyte Code	Sampling Period	Sample Required	Assigned Year	
FLUORIDE	1025		1 per YR	2005	
INORGANICS		Period Begin	1/1/2005	Period End	12/31/2005
Analyte Name	Analyte Code	Sampling Period	Sample Required	Assigned Year	
ANTIMONY	1074		1 per YR	2005	
ARSENIC	1005		1 per YR	2005	
BARIUM	1010		1 per YR	2005	
BERYLLIUM	1075		1 per YR	2005	
CADMIUM	1015		1 per YR	2005	
CHROMIUM	1020		1 per YR	2005	
MERCURY	1035		1 per YR	2005	
NICKEL	1036		1 per YR	2005	
SELENIUM	1045		1 per YR	2005	
SODIUM	1052		1 per YR	2005	
THALLIUM	1085		1 per YR	2005	
NITRATE		Period Begin	1/1/2005	Period End	12/31/2005
Analyte Name	Analyte Code	Sampling Period	Sample Required	Assigned Year	
NITRATE (AS N)	1040		1 per YR	2005	

## Disinfection By-Products Rule Sample Schedules

FACILITY DS001 TYPE DS DISTRIBUTION SYSTEM				SAMPLE PT MAXRES1 TYPE MR	
DBP		Period Begin	1/1/2005	Period End	12/31/2005
Analyte Name	Analyte Code	Sampling Period	Sample Required	Assigned Year	
TOTAL HALOACETIC ACIDS (HAA5)	2456	8/1 to 8/31	1 per YR	2005	
TOTAL TRIHALOMETHANES (TTHM)	2950	8/1 to 8/31	1 per YR	2005	

## Disinfection By-Products Rule Facility Analyte Levels

FACILITY DS001 TYPE DS DISTRIBUTION SYSTEM				
Analyte Name	Code	Level Type	Measure	Sample Required
CHLORINE	0999	MAX	4.000 MG/L	Per Requirements
TOTAL HALOACETIC ACIDS (HAA5)	2456	MAX	0.060 MG/L	Per Requirements
TOTAL TRIHALOMETHANES (TTHM)	2950	MAX	0.080 MG/L	Per Requirements

### Additional Monitoring Requirements

FACILITY 001		TYPE TP MEADOW MTN SWTP01		
Analyte Name	Code	Level Type	Measure	Sample Required
TURBIDITY	0100	MAX	5.000 NTU	Per Requirements
TURBIDITY	0100	95P	1.000 NTU	Per Requirements
CHLORINE	0999	MIN	0.200 MG/L	Per Requirements

FACILITY DS001		TYPE DS DISTRIBUTION SYSTEM		
Analyte Name	Code	Level Type	Measure	Sample Required
CHLORINE	0999	MIN	0.001 MG/L	Per Requirements

FILED 5-19-06

Colorado Department of Public Health and Environment – Water Quality Control Division  
 Drinking Water Program – Compliance Assurance and Data Management Unit  
 4300 Cherry Creek Drive South, Denver, CO 80246-1530

## MRDL Form 2

Quarterly Reporting Form for Chlorine and Chloramines Maximum Residual Disinfectant  
 Level Running Annual Average (RAA)

PWSID #: CO-0207504 SYSTEM NAME: Meadow Mountain WS DATE: 12-31-05  
 PREPARED BY: Stephen Tedford TITLE: Plant Operator  
 AUTHORIZED SIGNATURE: [Signature] TITLE: " "  
 POPULATION SERVED: 48 VIOLATION?: ☐

Number of Samples Taken: Month 1: 1 Month 2: 1 Month 3: 1

		Column A	Column B	Column C
Month	Year	Monthly Average Chlorine or Chloramines (mg/L)	Quarterly Average Chlorine or Chloramines (mg/L)	Running Annual Average Chlorine or Chloramines (mg/L)
January	20 <u>05</u>	.2		
February	20 <u>05</u>	.15		
March	20 <u>05</u>	.10	Q1 = .15	
April	20 <u>05</u>	.15		
May	20 <u>05</u>	.20		
June	20 <u>05</u>	.20	Q2 = .18	
July	20 <u>05</u>	.25		
August	20 <u>05</u>	.20		
September	20 <u>05</u>	.15	Q3 = .20	
October	20 <u>05</u>	.10		
November	20 <u>05</u>	.10		
December	20 <u>05</u>	.15	Q4 = .12	
Running Annual Average =				

LABORATORY REPORTING FORMS MUST BE AVAILABLE UPON REQUEST

Instructions on Reverse



**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**MONTHLY OPERATIONAL REPORT - Summary Sheet**

**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

December  
Month

2006  
Year

*FAXED*  
*1-5-06*

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain WS Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
Street City Zip

County: Boulder Population Served: \_\_\_\_\_

Responsible Party: Stephen Tedford Daytime Phone: 303-747-2066

*\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete.\**

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	31	
B. NUMBER OF TURBIDITY ANALYSES ≤ 1 NTU	0	0
C. NUMBER OF TURBIDITY ANALYSES > 5 NTU	0	

HIGHEST TURBIDITY READING OF THE MONTH 60

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

**\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\***

**III. CHLORINATION SECTION**

☐ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES <0.2 mg/L:	0
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	31
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	0
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	0

WAS % IN "D" > 5% IN THE PREVIOUS MONTH: ☐ YES ☒ NO

**\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also > 5%, this is a Treatment Technique (TT) violation\*\*\***

Meadow Mt W.S.  
Allenspark

MONTHLY OPERATIONAL REPORT - Data Sheet  
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

DEC 2005

Required Number of Turbidity Readings Per Day: 1

PWSID #: 00-D207504

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST TURBIDITY READING	TIME TURBIDITY READ	ENTRY POINT TO DISTRIBUTION						LOWEST RESIDUAL READING		
									12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			
1			.28				.28	11:30 A			.9				.9		
2				.29			.29	2:30 P					.6		.6		
3				.24			.24	2:00 P					.9		.9		
4				.23			.23	12:15 P					.7		.7		
5		.77					.77	7:30 A		.8					.8		
6					.74		.24	6:15 P					.7		.7		
7		.77					.77	6:30 A		.8					.8		
8			.23				.23	11:45 A			.6				.6		
9			.23				.23	10:45 A			.7				.7		
10				.24			.24	1:45 P					.6		.6		
11			.25				.25	12:30 A			.5				.5		
12			.45				.45	11:15 A			.4				.4		
13			.41				.41	11:30 A			.5				.5		
14					.41		.41	6:30 P					.4		.4		
15			.25				.25	11:30 A			.9				.9		
16				.32			.32	4:00 P					.6		.6		
17			.31				.31	11:45 A			.3				.3		
18				.21			.20	3:30 P					.5		.5		
19			.22				.22	9:45 A			.4				.4		
20				.52			.52	2:15 P					.3		.3		
21				.44			.44	3:45 P					.4		.4		
22			.36				.36	11:30 A			.4				.4		
23				.44			.44	2:15 P					.3		.3		
24			.23				.23	10:00 A			.4				.4		
25			.22				.22	8:40 A			.2				.2		
26				.28			.28	1:15 P					.3		.3		
27				.31			.31	2:30 P					.4		.4		
28			.23				.23	10:00 A			.4				.4		
29				.33			.33	2:00 P					.3		.3		
30				.40			.40	12:45 P					.3		.3		
31				.60			.60	2:00 P					.3		.3		

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

November  
Month

2005  
Year

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain WWS

Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
Street

Allenspark  
City

80510  
Zip

County: Boulder

Population Served: 100

Responsible Party: Stephen Sedford

Daytime Phone: 303-747-2066

\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete.\*

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	<u>30</u>	
B. NUMBER OF TURBIDITY ANALYSES $\leq$ 1 NTU	<u>0</u>	
C. NUMBER OF TURBIDITY ANALYSES $>$ 5 NTU	<u>0</u>	

HIGHEST TURBIDITY READING OF THE MONTH .52

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\*

**III. CHLORINATION SECTION**

☐ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $<$ 0.2 mg/L:	<u>0</u>
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	<u>30</u>
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	<u>0</u>
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	<u>0</u>

WAS % IN "D"  $>$  5% IN THE PREVIOUS MONTH: ☐ YES ☒ NO

\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also  $>$  5%, this is a Treatment Technique (TT) violation\*\*\*

## MONTHLY OPERATIONAL REPORT - Data Sheet

## SLOW SAND, DIATOMACEOUS EARTH &amp; OTHER FILTRATION

Nov 2005

Required Number of Turbidity Readings Per Day: 1

PWSID #: CO-0207504

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST TURBIDITY READING	TIME TURBIDITY READ	ENTRY POINT TO DISTRIBUTION						LOWEST RESIDUAL READING		
									12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			
1				.31			.31	12:15P				.8			.8		
2				.44			.44	3:40P				.4			.4		
3			.50				.50	11:00A			.3				.3		
4				.48			.48	1:30P				.7			.7		
5					.39		.39	4:00P					.4		.4		
6						.25	.25	9:45P						.3	.3		
7		.26					.26	7:15A		.5					.5		
8					.49		.49	4:30P					.4		.4		
9					.52		.52	4:15P					.4		.4		
10					.46		.46	5:00P					.4		.4		
11					.41		.41	5:00P					.4		.4		
12				.34			.34	2:45P				.5			.5		
13			.23				.23	11:20P			.5				.5		
14				.42			.42	12:15P				.4			.4		
15		.46					.46	16:40A		.5					.5		
16			.44				.44	15:15A			.5				.5		
17			.32				.32	11:15A			.4				.4		
18		.30					.30	1:30P		.5					.5		
19				.34			.34	2:00P				.4			.4		
20				.31			.31	12:20P				.8			.8		
21					.45		.45	5:10P					.4		.4		
22				.28			.28	1:00P				.8			.8		
23					.16		.16	4:20P					.5		.5		
24					.39		.39	6:00P					.4		.4		
25					.44		.44	4:00P					.5		.5		
26				.37			.37	2:00P				.6			.6		
27			.21				.21	11:00A			.5				.5		
28			.16				.16	10:15A			.4				.4		
29				.29			.29	1:00P				.7			.7		
30				.31			.31	3:45P				.5			.5		
31																	

 \*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day. \*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

OCTOBER  
Month

2005  
Year

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain WS

Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
Street

Allenspark  
City

80510  
Zip

County: Boulder

Population Served: 100

Responsible Party: Stephen Tedford

Daytime Phone: 303-747-2066

\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete. \*

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	<u>31</u>	
B. NUMBER OF TURBIDITY ANALYSES $\leq$ 1 NTU	<u>31</u>	
C. NUMBER OF TURBIDITY ANALYSES $>$ 5 NTU	<u>0</u>	

HIGHEST TURBIDITY READING OF THE MONTH .41

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\*

**III. CHLORINATION SECTION**

☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $<0.2$ mg/L:	<u>0</u>
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	<u>31</u>
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	<u>0</u>
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	<u>0</u>

WAS % IN "D"  $>$  5% IN THE PREVIOUS MONTH: ☐ YES ☒ NO

\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also  $>$  5%, this is a Treatment Technique (TT) violation\*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Data Sheet  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

OCT 2005

Required Number of Turbidity Readings Per Day: 1

PWSID #: CO-0207507

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling						HIGHEST TURBIDITY READING	TIME TURBIDITY READ	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling						LOWEST RESIDUAL READING		
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			ENTRY POINT TO DISTRIBUTION								
										12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12		
1					.24		.24	4:30P						.5			
2					.22		.22	5:40						.4			
3		.26					.26	7:30A		.6						.6	
4			.30				.30	9:20P			.4					.4	
5				.38			.38	12:45P				.4				.4	
6			.34				.34	11:30A			1.0					1.0	
7				.27			.27	1:45P				.4				.4	
8				.25			.25	2:00P				.6				.6	
9			.30				.30	11:30A			.2					.2	
10					.39		.39	5:15P					.4			.4	
11					.35		.35	7:30P					.4			.4	
12					.30		.35	5:15P					.5			.5	
13				.25			.25	2:30P				.4				.4	
14				.24			.24	4:00P				.4				.4	
15				.33			.33	4:00P				.4				.4	
16				.23			.23	12:20P				.3				.3	
17					.34		.34	5:00P					.5			.5	
18				.30			.30	3:35P				.5				.5	
19				.35			.35	3:20P				.4				.4	
20			.41				.41	11:45A			.4					.4	
21					.32		.32	5:00P					.3			.3	
22					.28		.28	4:00P					.5			.5	
23					.21		.21	6:10P					.2			.2	
24			.27				.27	11:30A			.4					.4	
25					.33		.33	4:00P					.5			.5	
26					.33		.33	4:10P					.7			.7	
27			.27				.27	11:00A			1.0					1.0	
28			.33				.33	10:45A			.4					.4	
29				.18			.18	3:45P				.3				.3	
30				.22			.22	12:15P				.4				.4	
31					.20		.20	5:00P					.4			.4	

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**  
**MONTHLY OPERATIONAL REPORT - Summary Sheet**  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

September  
 Month

2005  
 Year

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain WS

Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
 Street

Allenspark 80510  
 City Zip

County: Boulder

Population Served: \_\_\_\_\_

Responsible Party: Stephen Tedford

Daytime Phone: 303 747-2066

*\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete. \**

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	<u>30</u>	
B. NUMBER OF TURBIDITY ANALYSES ≤ 1 NTU	<u>30</u>	<u>100%</u>
C. NUMBER OF TURBIDITY ANALYSES > 5 NTU	<u>0</u>	

HIGHEST TURBIDITY READING OF THE MONTH .44

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

**\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\***

**III. CHLORINATION SECTION**

☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES <0.2 mg/L:	<u>0</u>
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	<u>30</u>
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	<u>0</u>
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	<u>0</u>

WAS % IN "D" > 5% IN THE PREVIOUS MONTH: ☐ YES ☒ NO

**\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also > 5%, this is a Treatment Technique (TT) violation\*\*\***

COLUMBIA DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Data Sheet  
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

*Sept 2005*

Required Number of Turbidity Readings Per Day: 30

PWSID #: CO-0207504

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input type="checkbox"/> Grab Sampling								<input type="checkbox"/> Continuous Sampling <input type="checkbox"/> Grab Sampling								
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST TURBIDITY READING	TIME TURBIDITY READ	ENTRY POINT TO DISTRIBUTION						LOWEST RESIDUAL READING		
									12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			
1				.44			.44	3:10P				1.1			1.1		
2					.43		.43	4:00P					1.1		1.1		
3				.44			.44	2:30P				.5			.5		
4			.31				.31	11:00A			.7				.7		
5					.34		.34	5:30P					.5		.5		
6			.25				.25	9:00A			1.0				1.0		
7				.35			.35	2:20P				.5			.5		
8				.34			.34	1:15P				.5			.5		
9			.27				.27	10:45A			.4				.4		
10					.28		.28	4:00P					.5		.5		
11			.30				.30	10:40A			1.0				1.0		
12			.21				.21	11:15A			.5				.5		
13				.31			.31	3:00P				.5			.5		
14				.24			.24	3:30P				.4			.4		
15			.25				.25	11:30A			.5				.5		
16				.30			.30	4:15P				.4			.4		
17					.31		.31	6:00P					.4		.4		
18						.35	.35	9:15P					.4	.7	.7		
19					.32		.32	5:00P					.9		.9		
20					.42		.42	4:00P					.4		.4		
21				.32			.32	3:15P				.4			.4		
22			.39				.39	10:01A			.5		.8		.5		
23			.23				.23	11:30A			.4				.4		
24				.36			.36	2:00P				.5			.5		
25				.42			.42	1:15P				.5			.5		
26					.33		.33	5:30P					.4		.4		
27				.27			.27	1:30P				.5			.5		
28				.26			.26	3:30P				.9			.9		
29				.25			.25	12:01P				.4			.4		
30				.24			.24	3:45P				.4			.4		
31																	

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

August  
Month

2005  
Year

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain WS

Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
Street

Winepark 80570  
City Zip

County: Boulder CO

Population Served: 100

Responsible Party: Stephen Sedford

\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete. \*

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	31	
B. NUMBER OF TURBIDITY ANALYSES $\leq 1$ NTU	31	100%
C. NUMBER OF TURBIDITY ANALYSES $> 5$ NTU	0	

HIGHEST TURBIDITY READING OF THE MONTH 57

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\*

**III. CHLORINATION SECTION**

☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $< 0.2$ mg/L:	0
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	31
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	0
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	0

WAS % IN "D"  $> 5\%$  IN THE PREVIOUS MONTH: ☐ YES ☒ NO

\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also  $> 5\%$ , this is a Treatment Technique (TT) violation\*\*\*

Meadow Mountain WS  
Allenspark 80570

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Data Sheet  
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

Aug 2005

Required Number of Turbidity Readings Per Day: 1

PWSID #: CO-0204504

DAY	TURBIDITY (NTU)							RESIDUAL DISINFECTANT (mg/L)							12. COMMENTS	
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling						HIGHEST TURBIDITY READING	TIME TURBIDITY READ	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling							
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			ENTRY POINT TO DISTRIBUTION							LOWEST RESIDUAL READING
										12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	
1					.37		.37	5:20 P						1.0		
2				.30			.30	3:45 P					1.0			
3				.24			.24	3:30 P					.8			
4				.37			.37	3:40 P					.9			
5					.38		.38	4:50 P					.8			
6					.57		.57	4:00 P					.5			
7			.34				.34	10:45 A			.7					
8					.47		.47	5:30 P					.9			
9				.37			.37	2:45 P				1.0				
10					.57		.57	4:00 P					1.0			
11				.49			.49	12:25 P					.8			
12				.34			.34	11:10 A			.9					
13				.31			.31	11:30 A			.9					
14				.35			.35	12:10 P				.8				
15						.37	.37	8:00 P						.7		
16				.34			.34	3:10 P				.8				
17					.26		.26	4:00 P					.6			
18				.40			.40	11:10 A			.8					
19				.28			.28	10:30 A			1.0					
20					.44		.44	4:00 P					1.0			
21				.46			.46	10:30 A			.9					
22				.23			.23	11:05 A			.8					
23				.29			.29	11:30 A			.6					
24					.22		.22	4:15 P					.6			
25				.51			.51	3:00 P			.5					
26				.34			.34	3:25 P			.5					
27					.21		.21	7:00 P					.4			
28				.25			.25	11:25 A			.6					
29					.43		.43	5:15 P					.5			
30				.27			.27	3:30 P			.5					
31					.42		.42	4:00 P					.5			

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

July  
Month

2005  
Year

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain US

Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
Street

Allenspark CO  
City Zip

County: Boulder CO

Population Served: 100

Responsible Party: Stephen Tedford

*\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete. \**

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	31	
B. NUMBER OF TURBIDITY ANALYSES $\leq 1$ NTU	31	
C. NUMBER OF TURBIDITY ANALYSES $> 5$ NTU	0	

HIGHEST TURBIDITY READING OF THE MONTH .55

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

**\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\***

**III. CHLORINATION SECTION**

☐ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $< 0.2$ mg/L:	0
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	31
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	0
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	0

WAS % IN "D"  $> 5\%$  IN THE PREVIOUS MONTH: ☐ YES ☒ NO

**\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also  $> 5\%$ , this is a Treatment Technique (TT) violation\*\*\***

SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION  
MONTHLY OPERATIONAL REPORT - Data Sheet

Meadow Mountain  
July 2005  
PWSID #: CO-0207504

Required Number of Turbidity Readings Per Day:  

July DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input type="checkbox"/> Grab Sampling						HIGHEST TURBIDITY READING	TIME TURBIDITY READ	<input type="checkbox"/> Continuous Sampling <input type="checkbox"/> Grab Sampling						LOWEST RESIDUAL READING		
	ENTRY POINT TO DISTRIBUTION			ENTRY POINT TO DISTRIBUTION					ENTRY POINT TO DISTRIBUTION			LOWEST RESIDUAL READING					
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			12 to 4	4 to 8	8 to 12		12 to 4	4 to 8		8 to 12	
1			.29				.29	10:30A			1.2				1.2		
2				.36			.36	12:10P			1.0				1.0		
3						.30	.30	9:00P					1.0		1.0		
4					.39		.39	4:45P				1.2			1.2		
5				.27			.27	2:00P			1.0				1.0		
6					.34		.34	4:30P				.9			.9		
7					.37		.37	4:10P				.7			.7		
8					.26		.26	4:30P				.5			.5		
9					.29		.29	6:00P				.5			.5		
10			<del>.29</del>	.38			.38	2:45P			1.0				1.0		
11					.29		.29	5:00P				1.0			1.0		
12				.21			.21	3:50P			1.0				1.0		
13					.42		.42	4:00P				1.2			1.2		
14				.21			.21	12:50P			1.0				1.0		
15			.32				.32	10:40A			.5				.5		
16				.55			.55	2:00P			.7				.7		
17			.30				.30	11:30A			.6				.6		
18					.46		.46	5:30P				.7			.7		
19					.41		.41	4:00P				1.0			1.0		
20				.45			.45	12:45P			1.0				1.0		
21					.50		.50	4:08P				1.0			1.0		
22					.43		.43	4:08P				1.0			1.0		
23					.49		.49	4:00P				1.0			1.0		
24					.47		.47	4:45P				1.2			1.2		
25					.43		.43	4:05P				1.2			1.2		
26					.32		.32	4:00P				1.2			1.2		
27					.39		.39	4:20P				1.0			1.0		
28				.40			.40	12:15P			1.0				1.0		
29			.26				.26	11:50A			1.0				1.0		
30				.26			.26	3:15P			1.0				1.0		
31					.24		.24	6:40P				1.0			1.0		

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

June

Month

2005

Year

**I. DEMOGRAPHICS SECTION**PWSID#: CO-0System Name: Meadow Mountain WSPlant ID #: CO-0207504

Plant Address: \_\_\_\_\_

Street

ALLIANCE PARK

City

80510

Zip

County: Boulder COPopulation Served: 100

Responsible Party: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete.\*

**II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]**☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	<u>30</u>	
B. NUMBER OF TURBIDITY ANALYSES ≤ 1 NTU	<u>30</u>	
C. NUMBER OF TURBIDITY ANALYSES > 5 NTU	<u>0</u>	

HIGHEST TURBIDITY READING OF THE MONTH

175**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

**\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\***

**III. CHLORINATION SECTION**☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES <0.2 mg/L:	<u>2</u>
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	<u>1</u>
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	<u>2</u>
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	<u>2</u>

WAS % IN "D" &gt; 5% IN THE PREVIOUS MONTH:

☐ YES☒ NO

\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also > 5%, this is a Treatment Technique (TT) violation\*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Data Sheet  
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

June 2005

Required Number of Turbidity Readings Per Day: 1

PWSID #: CO-0207504

JUNE DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)						12. COMMENTS	
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling							
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST TURBIDITY READING	TIME TURBIDITY READ	ENTRY POINT TO DISTRIBUTION							LOWEST RESIDUAL READING
									12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12		
1					.57		.57	4:30 P					.9		.9	
2			.48				.48	8:00 A			.9				.9	
3				.75			.75	3:00 P				.6			.6	
4			.60				.60	11:30 A			.8				.8	
5			.61				.61	11:15 A			.7				.7	
6					.52		.52	4:30 P					1.0		1.0	
7				.66			.66	3:00 P				.8			.8	
8					.68		.68	4:30 P					.9		.9	
9					.65		.65	5:30 P					.7		.7	
10			.51				.51	10:45 A			.5				.5	
11					.49		.49	4:00 P					.4		.4	
12			.33				.33	11:45 A			.4				.4	
13			.36				.36	9:15 A			.5				.5	
14			.52				.52	9:30 A			.5				.5	
15					.44	<del>.44</del>	.44	4:00 P					.4		.4	
16		.40					.40	7:30 P	.5						.5	
17					.34		.34	9:00 P					.7		.7	
18			.36				.36	10:00 A			.8				.8	
19				.36			.36	1:55 P				1.0			1.0	
20			.50				.50	10:15 A			1.1				1.1	
21				.54	<del>.54</del>		.54	2:00 P				.9			.9	
22					.46		.46	4:00 P					.5		.5	
23			.27				.27	11:15 A			.5				.5	
24					.45		.45	5:15 P					.5		.5	
25				.33			.33	3:00 P				1.1			1.1	
26			.37				.37	11:30 A			.8				.8	
27					.44		.44	6:00 P					1.0		1.0	
28				.47			.47	2:00 P				1.2			1.2	
29					.30		.30	4:00 P					1.1		1.1	
30			.32					10:30 A			1.0				1.0	
31																

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day. \*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

May  
Month

2005  
Year

PWSID#: CO-0207504

I. DEMOGRAPHICS SECTION

System Name: Meadow Mountain Water System Plant ID #: \_\_\_\_\_

Plant Address: 125 Meadow Mountain Dr Allenspark CO  
Street City Zip

County: Boulder Population Served: 100

Responsible Party: Stephen L. Tedford

\* I certify that the information submitted in this form was obtained by myself or other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete.\*

II. TURBIDITY SECTION [Slow Sand, Diatomaceous Earth, Other (i.e., Bag Filter)]

☐ Check if Plant is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	31	
B. NUMBER OF TURBIDITY ANALYSES $\leq$ 1 NTU	6	19%
C. NUMBER OF TURBIDITY ANALYSES $>$ 5 NTU	0	

HIGHEST TURBIDITY READING OF THE MONTH 1.99

D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form\*\*

III. CHLORINATION SECTION

☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $<$ 0.2 mg/L:	0
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	31
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	0
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	0

WAS % IN "D"  $>$  5% IN THE PREVIOUS MONTH: ☐ YES ☒ NO

\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also  $>$  5%, this is a Treatment Technique (TT) violation\*\*\*

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
**MONTHLY OPERATIONAL REPORT - Data Sheet**  
**SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION**

*MAY 2005*

Required Number of Turbidity Readings Per Day: 1

PWSID #: *CO-0207504*

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling						HIGHEST TURBIDITY READING	TIME TURBIDITY READ	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling						LOWEST RESIDUAL READING		
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			ENTRY POINT TO DISTRIBUTION								
1					1.02		1.02	5:20 P						.6		.6	
2					1.14		1.14	4:00 P						.3		.3	
3				.81			.81	3:00 P				1.0				1.0	
4					.95		.95	5:00 P						.5		.5	
5					.97		.97	4:00 P						.7		.7	
6					1.26		1.26	5:00 P						.8		.8	
7					1.99		1.99	4:30 P						.8		.8	
8			1.81				1.81	9:00 A			.8					.8	
9			1.72				1.72	9:00 A			.7					.7	
10					1.85		1.85	5:00 P					1.0			1.0	
11					1.82		1.82	4:30 P					.8			.8	
12				1.91			1.91	3:30 P				.8				.8	
13				1.22			1.22	3:30 P				.4				.4	
14					1.73		1.73	4:00 P						.5		.5	
15			1.74				1.74	11:45 A			.4					.4	
16					1.78		1.78	5:00 P					1.0			1.0	
17			1.66				1.66	9:00 A			.9					.9	
18			1.73				1.73	10:30 A			.4					.4	
19				1.65	<del>1.88</del>		1.65	12:45 P				.7				.7	
20					1.83		1.83	6:30 P					1.0			1.0	
21					1.94		1.94	5:00 P					.9			.9	
22			1.93				1.93	10:45 A			.6					.6	
23		1.89					1.89	7:00 A			.7					.7	
24			1.61				1.61	11:30 A			.4					.4	
25					1.32		1.32	4:00 P					.4			.4	
26			1.19				1.19	11:00 A			.7					.7	
27				1.06			1.06	11:55 A				.5				.5	
28				.86			.86	2:30 P				.5				.5	
29			.82				.82	11:50 A			.5					.5	
30			1.49				1.49	9:30 A			1.0					1.0	
31			.86				.86	9:30 A			.9					.9	

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 5 NTU (>5.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**  
**MONTHLY OPERATIONAL REPORT - Summary Sheet**  
**MEMBRANE FILTRATION**

April  
 Month

2005  
 Year

**I. DEMOGRAPHICS SECTION**

PWSID#: CO-0207504

System Name: Meadow Mountain Water System Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
 Street City Zip

County: Boulder Population Served: 100

Responsible Party: Stephen L. Tedford Daytime Phone: 303-747-2066

*\* I certify that the information submitted in this form was obtained by myself or by other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete. \**

**II. TURBIDITY SECTION (Membrane Filtration - including RO and Nano-, Ultra- or Microfiltration)**

☐ Check If Plant Is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	30	
B. NUMBER OF TURBIDITY ANALYSES $\leq 0.3$ NTU	1	3%
C. NUMBER OF TURBIDITY ANALYSES $> 1$ NTU	15	

HIGHEST TURBIDITY READING OF THE MONTH 1.88

**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO

2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 3.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN PERIODS DURING THE LAST MONTH?

☐ NO, Go to Question 3.

☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.

3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?

☐ NO, Go to Question 4.

☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_

4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?

☐ NO, You are finished with the checklist.

☐ YES, What date was the Filter Profile completed? \_\_\_\_\_

**NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form \*\***

**III. CHLORINATION SECTION**

☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $\leq 0.2$ mg/L:	0
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	30
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	0
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	0

WAS % IN "D"  $> 5\%$  IN THE PREVIOUS MONTH: ☐ YES ☒ NO

**NOTE: If answer to above question is "YES" and percentage for current month is also  $> 5\%$ , this is a Treatment Technique (TT) violation\*\*\***

# MEMBRANE FILTRATION

April 2005

Required Number of Turbidity Readings Per Day: 30

PWSID #: Co-0207504

APRIL DAY	TURBIDITY (NTU)							RESIDUAL DISINFECTANT (mg/L)							12. COMMENTS		
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling						HIGHEST TURBIDITY READING	TIME TURBIDITY READ	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling							LOWEST RESIDUAL READING	
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12			ENTRY POINT TO DISTRIBUTION								
										12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12		
1				.35			.35	1:00 P					.4			.4	
2				.72			.72	3:00 P					.4			.4	
3				.26			.26	1:30 P					.4			.4	
4			.39				.39	11:15 A				.4				.4	
5			.57				.57	1:30 P					.5			.5	
			.50				.50	2:00 P					.9			.9	
7			.55				.55	11:15 A				.3				.8	
8			.67				.67	10:45 A				.7				.7	
9			.62				.62	11:00 A				.6				.6	
10			.78				.78	9:00 A				1.0				1.0	
11			.70				.70	11:30 A				.8				.8	
12			.83				.83	11:30 A				.6				.6	
13			.76				.76	3:00 P					.5			.5	
14			.70				.70	11:00 A				.5				.5	
15					.90		.90	4:15 P						.4		.4	
16			1.03				1.03	11:15 A				.4				.4	
17			1.02				1.02	11:50 A				.5				.5	
18					1.63		1.63	5:00 P						.4		.4	
19				1.78			1.78	10:00 P					.4			.4	
20				1.86			1.86	12:30 P					.4			.4	
			1.88				1.88	11:00 A				.4				.4	
22				1.62			1.62	11:45 P					.4			.4	
23					1.69		1.69	7:30 P						.4		.4	
24		1.40					1.40	6:50 A		.4						.4	
25			1.36				1.36	11:45 A			.4					.4	
26			1.28				1.28	10:45 A			.4					.4	
27			1.26				1.26	10:00 A			.4					.4	
28			1.24				1.24	11:30 A			.4					.4	
29					1.10		1.10	4:00 P						.4		.4	
30					1.43		1.43	4:00 P						.4		.4	
31																	

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 1 NTU (>1.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
MONTHLY OPERATIONAL REPORT - Summary Sheet  
MEMBRANE FILTRATION**

March  
Month

2005  
Year

**I. DEMOGRAPHICS SECTION**PWSID#: CO-0207504System Name: Meadow Mountain Water System

Plant ID #: \_\_\_\_\_

Plant Address: \_\_\_\_\_  
StreetAllenspark  
City80510  
ZipCounty: Boulder

Population Served: \_\_\_\_\_

Responsible Party: Stephen L. TedfordDaytime Phone: 303-747-2066

\* I certify that the information submitted in this form was obtained by myself or by other individuals under my direction or supervision and that the information, to the best of my knowledge and belief, is true, accurate and complete. \*

**II. TURBIDITY SECTION (Membrane Filtration - including RO and Nano-, Ultra- or Microfiltration)**☐ Check If Plant Is Off the Entire Month

	NO. OF SAMPLES	% OF TOTAL SAMPLES
A. TOTAL NUMBER OF TURBIDITY ANALYSES PERFORMED	<u>31</u>	
B. NUMBER OF TURBIDITY ANALYSES $\leq$ 0.3 NTU	<u>13</u>	<u>41%</u>
C. NUMBER OF TURBIDITY ANALYSES $>$ 1 NTU	<u>0</u>	

HIGHEST TURBIDITY READING OF THE MONTH .59**D. INDIVIDUAL TURBIDITY CHECKLIST (For Direct or Conventional Only)**

1. IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO
2. DID ANY SINGLE FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?  
☐ NO, Go to Question 3.  
☐ YES, What date was the Filter Profile completed? \_\_\_\_\_
- DID THIS SAME FILTER EXCEED 2.0 NTU IN 2 CONSECUTIVE 15 MIN PERIODS DURING THE LAST MONTH?  
☐ NO, Go to Question 3.  
☐ YES, Schedule Comprehensive Performance Evaluation (CPE) with 30 Days.
3. DID ANY SINGLE FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MINUTE PERIODS?  
☐ NO, Go to Question 4.  
☐ YES, What date was the Filter Profile completed? \_\_\_\_\_
- DID THIS SAME FILTER EXCEED 1.0 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS DURING THE LAST 2 MONTHS?  
☐ NO, Go to Question 4.  
☐ YES, What date was the Filter Self-assessment completed? \_\_\_\_\_
4. DID ANY SINGLE FILTER EXCEED 0.5 NTU IN 2 CONSECUTIVE 15 MIN. PERIODS AT THE END OF 4 HRS OF OPERATION?  
☐ NO, You are finished with the checklist  
☐ YES, What date was the Filter Profile complete? \_\_\_\_\_

\*\* NOTE: If any of the above questions are checked "YES", you must complete IESWTR Form 2 and submit to WQCD along with this form \*\*

**III. CHLORINATION SECTION**☒ FREE ☐ TOTAL

A. NO. OF CHLORINE RESIDUAL SAMPLES $<$ 0.2 mg/L:	<u>0</u>
B. NO. OF CHLORINE RESIDUAL SAMPLES TAKEN FROM DIST. SYSTEM:	<u>31</u>
C. NO. IN DISTRIBUTION SYSTEM WHERE NO CHLORINE WAS DETECTED:	<u>0</u>
D. % OF SAMPLES WHERE NO CHLORINE WAS DETECTED:	<u>0</u>

WAS % IN "D"  $>$  5% IN THE PREVIOUS MONTH: ☐ YES ☒ NO

\*\*\* NOTE: If answer to above question is "YES" and percentage for current month is also  $>$  5%, this is a Treatment Technique (TT) violation \*\*\*

# MEMBRANE FILTRATION

March 2005

Required Number of Turbidity Readings Per Day: 1

PWSID #: 10-0207504

DAY	TURBIDITY (NTU)								RESIDUAL DISINFECTANT (mg/L)								12. COMMENTS
	<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								<input type="checkbox"/> Continuous Sampling <input checked="" type="checkbox"/> Grab Sampling								
	12 to 4	4 to 8	8 to 12	12 to 4	4 to 8	8 to 12	HIGHEST TURBIDITY READING	TIME TURBIDITY READ	ENTRY POINT TO DISTRIBUTION						LOWEST RESIDUAL READING		
									12 to 4	4 to 8	8 to 2	12 to 4	4 to 8	8 to 12			
1				.26			.26	12:00P				.5			.5		
2				.23			.23	12:45P				.4			.4		
3		.26					.26	7:00A		.7					.7		
4				.22			.22	3:00P				.5			.5		
5					.25		.25	4:00P					.4		.4		
6					.24		.24	7:00P					.4		.4		
7			.19				.19	10:30A			.7				.7		
8					.25		.25	4:30P					.5		.5		
9				.26			.26	12:30P				.5			.5		
10			.51				.51	11:00A			.5				.5		
11				.29			.29	1:00P				.5			.5		
12					.59		.59	4:30P					.6		.6		
13					.24		.24	4:10P					.6		.6		
14					.48		.48	4:50P					.6		.6		
15				.42			.42	1:15P				.6			.6		
16			.41				.41	10:50A			.5				.5		
17				.48			.48	3:00P				.5			.5		
18				.36			.36	2:00P				.5			.5		
19				.33			.33	2:30P				.5			.5		
20				.26			.26	2:50P				.4			.4		
21			.44				.44	9:30A			.6				.6		
22			.54				.54	9:30A			.5				.5		
23			.58				.58	11:30A			.5				.5		
24			.50				.50	9:15A			.4				.4		
25				.48			.48	2:20P				.5			.5		
26				.48			.48	3:00P				.5			.5		
27					.30		.30	6:30P					.7		.7		
28			.41				.41	10:00A			.6				.6		
29					.57		.57	5:00P					.4		.4		
30				.38			.38	1:00P			.2				.2		
31				.27			.27	2:00P				.4			.4		

\*\*\*If at Any Time the combined filter effluent turbidity exceeds 1 NTU (>1.49), the state must be notified as soon as possible, but not later than the end of the next business day.\*\*\*

**WORK ORDER Summary****Evergreen Analytical, Inc.****05-6002****Rpt To:** Steve Tedford

8/17/05 3:25:35 PM

Meadow Mountain Water and  
Sanitation**Client Project ID:** PWSID CO 0207504

PO Box 162

**QC Level:** LEVEL I

Allens Park, CO 80510

(303) 747-2066

**Comments:**

<b>Sample ID</b>	<b>Client Sample ID</b>	<b>Matrix</b>	<b>Collection Date</b>	<b>Date Received</b>	<b>Test Code</b>	<b>Test Name</b>	<b>Hold</b>	<b>MS</b>	<b>Date Due</b>	<b>Hold Time</b>
05-6002-01A	Plant	Drinking Water	8/15/05 0900	8/17/05	524 *	524.2: Trihalomethanes	<input type="checkbox"/>	<input type="checkbox"/>	8/31/05	8/29/05
05-6002-01B	Plant	Drinking Water	8/15/05 0900	8/17/05	552 *	552.2: Standard List	<input type="checkbox"/>	<input type="checkbox"/>	8/31/05	8/29/05

**Definitions:** \* - Test Code has a Select List

## CLIENT INFORMATION

Mail Report to: Meadow Mountain WS  
Attn Stephen Tedford  
Address PO Box 394  
City Allenspark State CO Zip 80510  
Phone# 303-747-2044 Fax # \_\_\_\_\_

Mail Invoice to: Meadow Mountain WS

Attn Berry mawermen  
Address PO Box 162  
City Allenspark State Co Zip 80510  
Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
7. \_\_\_\_\_ Quote \_\_\_\_\_  
Sampler

**Evergreen Analytical Laboratory Inc.**



4036 Youngfield Street  
Wheat Ridge, Colorado 80033  
(303) 425-6021  
FAX (303) 425-6854  
(877) 737-4521  
e-mail [info@evergreenanalytical.com](mailto:info@evergreenanalytical.com)

PWSID No. / Proj ID C0-0207504

Are State forms required? ☐ Yes ☐ No

Is the laboratory to mail forms to State? ☐ Yes ☐ No

Standard Turnaround ☒ Yes ☐ No

Other Turnaround\* \_\_\_\_\_ (Specify)

\*Rush analysis subject to additional fee

PHASE I, II, V Drinking Water Analyses (check analysis)

[illegible]

Instructions:

**\*\* Important Note:** See reverse side for Terms and Conditions.

Relinquished by: (Signature) <i>[Signature]</i>	Date/Time 08/16/05 9AM	Received by: (Signature) <i>[Signature]</i>	Date/Time 08/16/05 9AM	Relinquished by: (Signature) <i>[Signature]</i>	Date/Time 08/16/05 9AM	Received by: (Signature) <i>[Signature]</i>	Date/Time 08/17/05
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white – lab	yellow – client
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**DBP Form 1 - Total Trihalomethane Analysis Laboratory Report Form**

Section 1 (to be completed by the Public Water System, only)				Section 2 (to be completed by Laboratory, only)						
Public Water System Information				Laboratory Information						
PWSID#: <b>60-0209524</b>				Laboratory Name: <b>Evergreen Analytical Laboratory</b>						
System Name: <b>Meadow Mountain W.S.</b>				Contact Person: <b>Carl Smits</b>						
Address: <b>PO Box 4185 Park</b>				Phone#: <b>(303) 425-6021</b>						
Contact Person: <b>Stephen L. Tedford</b>				Comments:						
System Authorized Signature: <i>[Signature]</i>				Technical Director						
Date: <b>8-18-05</b>				Date						
PWS to complete first 3 columns			Laboratory to complete columns 4-6 and 8-11							
Sample Date	Collector	Sample Location Designation#	Date Lab Received	Date Lab Analyzed	Laboratory ID#	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
08-15-05	SLT	Plant				Chloroform	524.2		0.5	
						Bromoform	524.2		0.5	
						Bromodichloromethane	524.2		0.5	
						Dibromochloromethane	524.2		0.5	
						TriHMs				
Sample Date	Collector	Sample Location Designation#	Date Lab Received	Date Lab Analyzed	Laboratory ID#	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
08-15-05	SLT	Plant				Chloroform	524.2		0.5	
						Bromoform	524.2		0.5	
						Bromodichloromethane	524.2		0.5	
						Dibromochloromethane	524.2		0.5	
						TriHMs				
Sample Date	Collector	Sample Location Designation#	Date Lab Received	Date Lab Analyzed	Laboratory ID#	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Chloroform	524.2		0.5	
						Bromoform	524.2		0.5	
						Bromodichloromethane	524.2		0.5	
						Dibromochloromethane	524.2		0.5	
						TriHMs				

Instructions on reverse

Colorado Department of Public Health and Environment - Water Quality Control Division  
Drinking Water Program - Compliance Assurance and Data Management Unit  
4300 Cherry Creek Drive South, Denver, CO 80246-1530

**DBP Form 2 - Haloacetic Acid (HAA5) Analysis Laboratory Report Form**

Section I (to be completed by the Public Water Systems only)						Section II (to be completed by Laboratories only)				
Public Water System Information						Laboratory Information				
PWSID # <u>CO-0209504</u>						Laboratory Name				
System Name: <u>Meadow Mountain W.S.</u>						Contact Person:				
Address: <u>PO Box Allenspark CO 80510</u>						Phone #:				
Contact Person: <u>Stephen Telford</u> Phone #: <u>303-747-2066</u>						Comments:				
<u>[Signature]</u> System Authorized Signature      Title      Date						_____ Laboratory Authorized Signature      Title      Date				
PWS to complete first 3 columns			Laboratory to complete columns 4-6 and 8-11							
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
<u>08-15-05</u>	<u>SLT</u>	<u>Plant</u>				Monochlo. Acid				
						Monobro. Acid				
						Dichlor. Acid				
						Trichlor. Acid				
						Dibromo. Acid				
						Total HAA5s				
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid				
						Monobro. Acid				
						Dichlor. Acid				
						Trichlor. Acid				
						Dibromo. Acid				
						Total HAA5s				
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid				
						Monobro. Acid				
						Dichlor. Acid				
						Trichlor. Acid				
						Dibromo. Acid				
						Total HAA5s				
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result
						Monochlo. Acid				
						Monobro. Acid				
						Dichlor. Acid				
						Trichlor. Acid				
						Dibromo. Acid				
						Total HAA5s				

Instructions on Reverse

## WARNING

The Colorado Department of Public Health & Environment, (CDPHE) Water Quality Control Division has asked for our assistance in identifying and/or rejecting samples that are not received within the acceptance criteria of the analytical method.

The Drinking Water samples received on 8/17, 2005 for  
PWSID CO 0207504 were received with the following parameter(s)  
outside of the EPA method specified acceptance criteria:

- ☐ pH \_\_\_\_\_
- ☒ Temperature Rec'd at 14°C, should be 2 to 6°C
- ☐ Holding Time \_\_\_\_\_
- ☐ Headspace \_\_\_\_\_

The samples ☒ were ☐ were not analyzed.

A notation has been included in the Case Narrative.

The assigned Work Order number is: 05- 6002

In the event samples are received outside the acceptance criteria in the future, we are required by CDPHE to reject the samples and request that they be recollected at the Water Systems expense.

Comments:

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**Client Project ID:** PWSID CO 0207504

**Lab Order:** 05-6002

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**CASE NARRATIVE**

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**SAMPLE RECEIVING**

Custody seals were present and intact.

The temperature of the sample(s) upon arrival was 14 °C, which is above the EPA required range.

Sample(s) were received in good condition, in the proper container, and within holding times.

VOC sample(s) were marked as preserved on the bottle labels.

VOC sample(s) were received with no headspace present. NJO

**QUALITY ASSURANCE**

Analyses performed on samples in this work order meet the requirements of the EAL Quality Assurance Program. CMS

**CLIENT SERVICES**

There are no anomalies to report. JB

**GAS CHROMATOGRAPHY**

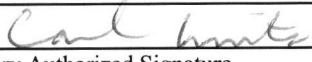
Method 552.2 : There are no anomalies to report. KAW

**GAS CHROMATOGRAPHY / MASS SPECTROMETRY**

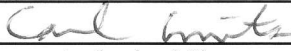
Method 524.2: There are no anomalies to report. TMI

Colorado Department of Public Health and Environment - Water Quality Control Division  
Drinking Water Program - Compliance Assurance and Data Management Unit  
4300 Cherry Creek Drive South, Denver, CO 80246-1530

### DBP FORM 1 - Total Trihalomethane Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)						Section II (to be completed by Laboratories only)					
Public Water System Information						Laboratory Information					
PWSID#: CO 0207504											
System Name: Meadow Mountain Water and Sanitation						Laboratory Name: Evergreen Analytical Laboratory					
Address: PO Box 394, Allenspark, CO 80510						Contact Person: Carl Smits					
Contact Person: Steve Tedford				Phone: (303) 747-2066		Comments:					
						 Technical Director 8/31/05					
System Authorized Signature				Date		Laboratory Authorized Signature			Title		Date
PWS to complete first 3 columns			Laboratories to complete columns 4-6 and 8-11								
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result	
8/15/05	SLT	Plant	8/17/05	8/18/05	05-6002-01	Chloroform	524.2	BDL	0.5	21	
8/15/05	SLT	Plant	8/17/05	8/18/05	05-6002-01	Bromoform	524.2	BDL	0.5	BDL	
8/15/05	SLT	Plant	8/17/05	8/18/05	05-6002-01	Bromodichloromethane	524.2	BDL	0.5	1.4	
8/15/05	SLT	Plant	8/17/05	8/18/05	05-6002-01	Dibromochloromethane	524.2	BDL	0.5	BDL	
						TTHMs				22.4	
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result	
						Chloroform	524.2	NT	-	NT	
						Bromoform	524.2	NT	-	NT	
						Bromodichloromethane	524.2	NT	-	NT	
						Dibromochloromethane	524.2	NT	-	NT	
						TTHMs				NT	
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result	
						Chloroform	524.2	NT	-	NT	
						Bromoform	524.2	NT	-	NT	
						Bromodichloromethane	524.2	NT	-	NT	
						Dibromochloromethane	524.2	NT	-	NT	
						TTHMs				NT	
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µg/L Blank Result	µg/L Lab MDL	µg/L Result	
						Chloroform	524.2	NT	-	NT	
						Bromoform	524.2	NT	-	NT	
						Bromodichloromethane	524.2	NT	-	NT	
						Dibromochloromethane	524.2	NT	-	NT	
						TTHMs				NT	

**DBP FORM 2 - Haloacetic Acid (HAA5) Analysis Laboratory Report Form**

Section I (to be completed by the Public Water Systems only)						Section II (to be completed by Laboratories only)					
Public Water System Information						Laboratory Information					
PWSID#: CO 0207504											
System Name: Meadow Mountain Water and Sanitation						Laboratory Name: Evergreen Analytical Laboratory					
Address: PO Box 394, Allenspark, CO 80510						Contact Person: Carl Smits					
Contact Person: Steve Tedford				Phone: (303) 747-2066		Comments:					
						<div style="display: flex; justify-content: space-between;"> <div>   Technical Director </div> <div>8/13/05</div> </div>					
System Authorized Signature				Date		Laboratory Authorized Signature			Title		Date
PWS to complete first 3 columns			Laboratories to complete columns 4-6 and 8-11								
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µ g/L Blank Result	µ g/L Lab MDL	µ g/L Result	
8/15/05	SLT	Plant	8/17/05	8/19/05	05-6002-01	Monochlo. Acid	552.2	BDL	1	2.9	
8/15/05	SLT	Plant	8/17/05	8/19/05	05-6002-01	Monobro. Acid	552.2	BDL	1	BDL	
8/15/05	SLT	Plant	8/17/05	8/19/05	05-6002-01	Dichlor. Acid	552.2	BDL	1	14	
8/15/05	SLT	Plant	8/17/05	8/19/05	05-6002-01	Trichlor. Acid	552.2	BDL	1	10	
8/15/05	SLT	Plant	8/17/05	8/19/05	05-6002-01	Dibromo. Acid	552.2	BDL	1	BDL	
						Total HAA5s				26.9	
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µ g/L Blank Result	µ g/L Lab MDL	µ g/L Result	
						Monochlo. Acid	552.2	NT	-	NT	
						Monobro. Acid	552.2	NT	-	NT	
						Dichlor. Acid	552.2	NT	-	NT	
						Trichlor. Acid	552.2	NT	-	NT	
						Dibromo. Acid	552.2	NT	-	NT	
						Total HAA5s				NT	
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µ g/L Blank Result	µ g/L Lab MDL	µ g/L Result	
						Monochlo. Acid	552.2	NT	-	NT	
						Monobro. Acid	552.2	NT	-	NT	
						Dichlor. Acid	552.2	NT	-	NT	
						Trichlor. Acid	552.2	NT	-	NT	
						Dibromo. Acid	552.2	NT	-	NT	
						Total HAA5s				NT	
Sample Date	Collector	Sample Location Designation #	Date Lab Received	Date Lab Analyzed	Laboratory ID #	Analyte	Analytical Method	µ g/L Blank Result	µ g/L Lab MDL	µ g/L Result	
						Monochlo. Acid	552.2	NT	-	NT	
						Monobro. Acid	552.2	NT	-	NT	
						Dichlor. Acid	552.2	NT	-	NT	
						Trichlor. Acid	552.2	NT	-	NT	
						Dibromo. Acid	552.2	NT	-	NT	
						Total HAA5s				NT	

**Evergreen Analytical, Inc.**  
4036 Youngfield Street, Wheat Ridge, Colorado 80033-3862  
(303) 425-6021

**Client Sample ID:** Plant  
**Client Project ID:** PWSID CO 0207504  
**Date Collected:** 8/15/05  
**Date Received:** 8/17/05  
**Date Prepared:** 8/19/05  
**Date Analyzed:** 8/19/05  
**Percent Moisture:** NA

**Lab Work Order:** 05-6002  
**Lab Sample ID:** 05-6002-01B  
**Sample Matrix:** Drinking Water  
**Lab File ID:** ECD30819\018F  
**Method Blank:** MB-7999  
**Prep Factor:** 1.000  
**Dilution Factor:** 1.00

**Method: E552.2**  
**Prep Method: E552.2**

**HALOACETIC ACIDS**

Analytes	CAS Number	Result	MDL	Units: µg/L
				LQL
Bromochloroacetic acid	5589-96-8	1.3	1.0	1.0
Dibromoacetic acid	631-64-1	U	1.0	1.0
Dichloroacetic acid	79-43-6	14	1.0	1.0
Monobromoacetic acid	79-08-3	U	1.0	1.0
Monochloroacetic acid	79-11-8	2.9	1.0	2.0
Trichloroacetic acid	76-03-9	10	1.0	1.0
Surr: 2,3-Dibromopropionic acid	600-05-5	100	<b>QC Limits: 70-130 %REC</b>	

  
\_\_\_\_\_  
**Analyst**

  
\_\_\_\_\_  
**Approved**

**Qualifiers:** B - Analyte detected in the associated Method Blank, value not subtracted from result  
E - Extrapolated value. Value exceeds calibration range  
H - Sample exceeded analytical holding time  
J - Indicates an estimated value when the compound is detected, but is below the LQL  
S - Spike Recovery outside accepted limits  
U - Compound analyzed for but not detected  
X - See case narrative  
\* - Value exceeded the Maximum Contamination Level (MCL)

**Definitions:** NA - Not Applicable  
LQL - Lower Quantitation Limit  
MDL - Method Detection Limit  
Surr - Surrogate

Print Date: 8/22/05

Evergreen Analytical, Inc.  
4036 Youngfield Street, Wheat Ridge, Colorado 80033-3862  
(303) 425-6021

Client Sample ID: Plant  
Client Project ID: PWSID CO 0207504  
Date Collected: 8/15/05  
Date Received: 8/17/05  
Date Prepared: 8/18/05  
Date Analyzed: 8/18/05  
Percent Moisture: NA

Lab Work Order: 05-6002  
Lab Sample ID: 05-6002-01A  
Sample Matrix: Drinking Water  
Lab File ID: \VOA40818\1701017.D  
Method Blank: MB4081805  
Prep Factor: 1.000  
Dilution Factor: 1.00

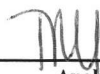
Method: E524.2

VOLATILE COMPOUNDS

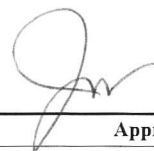
Prep Method: SW5030A

Units: µg/L

Analytes	CAS Number	Result	LQL
Bromodichloromethane	75-27-4	1.4	0.50
Bromoform	75-25-2	U	0.50
Chloroform	67-66-3	21	0.50
Dibromochloromethane	124-48-1	U	0.50
Total THM (Summation of above)		22	0.50
Surr: 1,2-Dichlorobenzene-d4	2199-69-1	92	QC Limits: 70-130 %REC
Surr: 4-Bromofluorobenzene	460-00-4	95	QC Limits: 70-130 %REC



Analyst



Approved

**Qualifiers:** B - Analyte detected in the associated Method Blank, value not subtracted from result  
E - Extrapolated value. Value exceeds calibration range  
H - Sample exceeded analytical holding time  
J - Indicates an estimated value when the compound is detected, but is below the LQL  
S - Spike Recovery outside accepted limits  
U - Compound analyzed for but not detected  
X - See case narrative  
\* - Value exceeded the Maximum Contamination Level (MCL)

**Definitions:** NA - Not Applicable  
LQL - Lower Quantitation Limit  
MDL - Method Detection Limit  
Surr - Surrogate

Print Date: 8/19/05

Work Order: 05-6002  
Client Project ID PWSID CO 0207504

## ANALYTICAL QC SUMMARY REPORT

TestCode: 524

Sample ID: MB4081805	SampType: MBLK	TestCode: 524	Run ID: VOA-4_050818A					Prep Date: 8/18/05	Units: µg/L		
	Batch ID: R18910	TestNo: E524.2	FileID: \VOA40818\0301003.D					Analysis Date: 8/18/05	SeqNo: 349802		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromodichloromethane	U	0.50									
Bromoform	U	0.50									
Chloroform	U	0.50									
ibromochloromethane	U	0.50									
Total THM (Summation of above)	U	0.50									
Surr: 1,2-Dichlorobenzene-d4	4.95	0.50	5	0	99	70	130	0	0		
Surr: 4-Bromofluorobenzene	5.15	0.50	5	0	103	70	130	0	0		

Sample ID: LCS4081805	SampType: LCS	TestCode: 524	Run ID: VOA-4_050818A					Prep Date: 8/18/05	Units: µg/L		
	Batch ID: R18910	TestNo: E524.2	FileID: \VOA40818\0401004.D					Analysis Date: 8/18/05	SeqNo: 349800		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromodichloromethane	4.13	0.50	5	0	82.6	70	130	0	0		
Bromoform	4.42	0.50	5	0	88.4	70	130	0	0		
Chloroform	3.81	0.50	5	0.3	76.2	70	130	0	0		
Dibromochloromethane	4.14	0.50	5	0	82.8	70	130	0	0		
Total THM (Summation of above)	16.4	0.50	20	0	82	70	130	0	0		
Surr: 1,2-Dichlorobenzene-d4	5.3	0.50	5	0	106	70	130	0	0		
Surr: 4-Bromofluorobenzene	5.54	0.50	5	0	111	70	130	0	0		

Sample ID: LCSD4081805	SampType: LCSD	TestCode: 524	Run ID: VOA-4_050818A					Prep Date: 8/18/05	Units: µg/L		
	Batch ID: R18910	TestNo: E524.2	FileID: \VOA40818\2501025.D					Analysis Date: 8/19/05	SeqNo: 349801		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Bromodichloromethane	4.32	0.50	5	0	86.4	70	130	4.13	4.50	30	
Bromoform	4.33	0.50	5	0	86.6	70	130	4.42	2.06	30	
Chloroform	4	0.50	5	0.3	80	70	130	3.81	4.87	30	
Dibromochloromethane	4.18	0.50	5	0	83.6	70	130	4.14	0.962	30	
Total THM (Summation of above)	16.8	0.50	20	0	84	70	130	16.4	2.41	30	
Surr: 1,2-Dichlorobenzene-d4	5.08	0.50	5	0	102	70	130	0	0	0	

**Qualifiers:** ND - Not Detected at the Reporting Limit  
J - Analyte detected below quantitation limits  
S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits  
B - Analyte detected in the associated Method Blank  
H - Sample exceeded analytical holding time

Print Date: 8/19/05

Work Order: 05-6002  
Client Project ID PWSID CO 0207504

## ANALYTICAL QC SUMMARY REPORT

TestCode: 524

Sample ID: <b>LCSD4081805</b>	SampType: <b>LCSD</b>	TestCode: <b>524</b>	Run ID: <b>VOA_4_050818A</b>	Prep Date: <b>8/18/05</b>	Units: <b>µg/L</b>						
	Batch ID: <b>R18910</b>	TestNo: <b>E524.2</b>	FileID: <b>\VOA40818\2501025.D</b>	Analysis Date: <b>8/19/05</b>	SeqNo: <b>349801</b>						
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: 4-Bromofluorobenzene	5.35	0.50	5	0	107	70	130	0	0	0	

**Qualifiers:**

ND - Not Detected at the Reporting Limit  
J - Analyte detected below quantitation limits  
S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits  
B - Analyte detected in the associated Method Blank  
H - Sample exceeded analytical holding time

Print Date: 8/19/05

Work Order: 05-6002

Client Project ID: PWSID CO 0207504

## ANALYTICAL QC SUMMARY REPORT

TestCode: 552

Sample ID: <b>MB-7999</b>	SampType: <b>MBLK</b>	TestCode: <b>552</b>	Run ID: <b>ECD3_050819A</b>	Prep Date: <b>8/19/05</b>	Units: <b>µg/L</b>						
	Batch ID: <b>7999</b>	TestNo: <b>E552.2</b>	FileID: <b>ECD30819\015F</b>	Analysis Date: <b>8/19/05</b>	SeqNo: <b>350462</b>						
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual

Bromochloroacetic acid	U	1.0									
Dibromoacetic acid	U	1.0									
Dichloroacetic acid	U	1.0									
Monobromoacetic acid	U	1.0									
Monochloroacetic acid	U	2.0									
Trichloroacetic acid	U	1.0									
Surr: 2,3-Dibromopropionic acid	4.751	0	5	0	95	70	130	0	0		

Sample ID: <b>LCS-7999</b>		SampType: <b>LCS</b>	TestCode: <b>552</b>		Run ID: <b>ECD3_050819A</b>			Prep Date: <b>8/19/05</b>		Units: <b>µg/L</b>		
		Batch ID: <b>7999</b>	TestNo: <b>E552.2</b>		FileID: <b>ECD30819\016F</b>			Analysis Date: <b>8/19/05</b>		SeqNo: <b>350463</b>		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual	

Bromochloroacetic acid	24.32	1.0	25	0	97.3	70	130	0	0		
Dibromoacetic acid	24.45	1.0	25	0	97.8	70	130	0	0		
Dichloroacetic acid	22.46	1.0	25	0	89.9	70	130	0	0		
Monobromoacetic acid	25.11	1.0	25	0	100	70	130	0	0		
Monochloroacetic acid	25.38	2.0	25	0	102	70	130	0	0		
Trichloroacetic acid	25.96	1.0	25	0	104	70	130	0	0		
Surr: 2,3-Dibromopropionic acid	4.917	0	5	0	98.3	70	130	0	0		

Sample ID: <b>05-6002-01BMS</b>	SampType: <b>MS</b>	TestCode: <b>552</b>	Run ID: <b>ECD3_050819A</b>	Prep Date: <b>8/19/05</b>	Units: <b>µg/L</b>						
Client ID: <b>Plant</b>	Batch ID: <b>7999</b>	TestNo: <b>E552.2</b>	FileID: <b>ECD30819\019F</b>	Analysis Date: <b>8/19/05</b>	SeqNo: <b>350466</b>						
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual

Bromochloroacetic acid	26.55	1.0	25	1.326	101	70	130	0	0		
Dibromoacetic acid	25.26	1.0	25	0	101	70	130	0	0		
Dichloroacetic acid	38.71	1.0	25	13.9	99.3	70	130	0	0		
Monobromoacetic acid	24.82	1.0	25	0	99.3	70	130	0	0		
Monochloroacetic acid	27.43	2.0	25	2.94	98	70	130	0	0		
Trichloroacetic acid	36.28	1.0	25	10	105	70	130	0	0		

Qualifiers: ND - Not Detected at the Reporting Limit  
 J - Analyte detected below quantitation limits  
 S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits  
 B - Analyte detected in the associated Method Blank  
 H - Sample exceeded analytical holding time

Print Date: 8/22/05

Work Order: 05-6002  
Client Project ID: PWSID CO 0207504

## ANALYTICAL QC SUMMARY REPORT

TestCode: 552

Sample ID: <b>05-6002-01BMS</b>	SampType: <b>MS</b>	TestCode: <b>552</b>	Run ID: <b>ECD3_050819A</b>	Prep Date: <b>8/19/05</b>	Units: <b>µg/L</b>						
Client ID: <b>Plant</b>	Batch ID: <b>7999</b>	TestNo: <b>E552.2</b>	FileID: <b>ECD30819\019F</b>	Analysis Date: <b>8/19/05</b>	SeqNo: <b>350466</b>						
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual

Surr: 2,3-Dibromopropionic acid	5.401	0	5	0	108	70	130	0	0		
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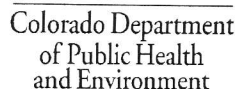
Sample ID: 05-6023-02BMS		SampType: MS	TestCode: 552		Run ID: ECD3_050819A			Prep Date: 8/19/05		Units: µg/L		
		Batch ID: 7999	TestNo: E552.2		FileID: ECD30819\033F			Analysis Date: 8/20/05		SeqNo: 350475		
Analyte	Result	LQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual	

Bromochloroacetic acid	32.63	1.0	25	7.28	101	70	130	0	0		
Dibromoacetic acid	27.2	1.0	25	2.236	99.9	70	130	0	0		
Dichloroacetic acid	39.58	1.0	25	16.12	93.9	70	130	0	0		
Monobromoacetic acid	25.09	1.0	25	0	100	70	130	0	0		
Monochloroacetic acid	30.75	2.0	25	3.983	107	70	130	0	0		
Trichloroacetic acid	32.66	1.0	25	6.558	104	70	130	0	0		
Surr: 2,3-Dibromopropionic acid	5.094	0	5	0	102	70	130	0	0		

**Qualifiers:**  
ND - Not Detected at the Reporting Limit  
J - Analyte detected below quantitation limits  
S - Spike Recovery outside accepted recovery limits

R - RPD outside accepted recovery limits  
B - Analyte detected in the associated Method Blank  
H - Sample exceeded analytical holding time

Print Date: 8/22/05



## REPORTING FORM FOR NITRATE OR NITRITE AS NITROGEN ANALYSES

Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☐ NO

PWSID #: CO-0207504 COUNTY: Boulder DATE COLLECTED: 06 / 13 / 05

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS P.O. Box 162, 126 Meadow Mountain Drive, Allenspark, CO 80510

CONTACT PERSON: Steve Tedford PHONE: ( 303 ) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 9:05 am am/pm

WATER TYPE: CHLORINATED ☐ FINISHED—NOT TREATED (No chlorine or other treatment) ☐

OTHER TREATMENT ☐ RAW SOURCE ☐

ENTRY POINT: EP \_\_\_\_\_ SOURCE(S) REPRESENTED: \_\_\_\_\_

DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES ☐ NO ☒

**NOTE: CHECK OR CONFIRMATION SAMPLES CANNOT BE COMPOSITED**

*For Laboratory Use Only Below This Line*

LABORATORY SAMPLE # 503134 CLIENT NAME or ID# Meadow Mountain Water Company (1115-015)

LABORATORY NAME Stewart Environmental Consultants, Inc.

LAB PHONE # ( 970 ) 226-5500 DATE RECEIVED IN LABORATORY 06 / 13 / 05

COMMENTS: \_\_\_\_\_

PARAMETER	RESULT	UNITS	MCL	STANDARD METHOD	LAB MDL	DATE ANALYZED
NITRATE as N	BDL	mg/L	10.0 mg/L	4500N03-E	0.5 mg/L	06 / 13 / 05
NITRITE as N	NT	mg/L	1.0 mg/L	4500N02-B	mg/L	

Reviewed & Approved by Chief E. Patterson Operations Manager  
Title

06 / 14 / 05  
Date

**MAIL RESULTS TO:** CDPHE, WQCD-CADM  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**FAX:** 303-782-0390



Colorado Department of Public Health and Environment  
Compliance Assurance & Data Management Unit

REPORTING FORM FOR INORGANIC CONTAMINANTS ANALYSES

Colorado Department  
of Public Health  
and Environment

SAMPLER: FILL OUT ONE FORM FOR EACH INDIVIDUAL SAMPLING POINT

Are these results to be used to fulfill compliance monitoring requirements? YES ☒ or NO ☐

Is this a check or confirmation sample? ☐ YES ☐ NO

PWSID #: CO-0207504 COUNTY: Boulder DATE COLLECTED: 06 / 16 / 05

SYSTEM/ESTABLISHMENT NAME: Meadow Mountain Water Company

SYSTEM MAILING ADDRESS: P.O. Box 162, Allenspark, CO 80510  
Street address/PO Box CITY STATE ZIP

CONTACT PERSON: Steve Tedford PHONE: ( 303 ) 747-2066

SAMPLE COLLECTED BY: Steve Tedford TIME COLLECTED: 7:30 am am/pm

WATER TYPE: CHLORINATED ☒ FINISHED—NOT TREATED (No chlorine or other treatment) ☐  
OTHER TREATMENT ☐ RAW SOURCE ☐

ENTRY POINT: EP Plant SOURCE(S) REPRESENTED: Well

DO SAMPLES NEED TO BE COMPOSITED BY THE LABORATORY? YES ☐ NO ☒

NOTE: CHECK OR CONFIRMATION SAMPLES CANNOT BE COMPOSITED

*For Laboratory Use Only Below This Line*

LABORATORY SAMPLE # 503208 CLIENT NAME or ID# Meadow Mountain Water Company (1115-015)

LABORATORY NAME Stewart Environmental Consultants, Inc.

LAB PHONE # ( 970 ) 226-5500 DATE RECEIVED IN LABORATORY 06 / 16 / 05

COMMENTS: \_\_\_\_\_

PARAMETER	RESULT in (mg/L)	MCL in (mg/L)	STANDARD METHOD	Lab MDL in (mg/L)	Date Analyzed
ANTIMONY	BDL	0.006	200.9	0.005	06 / 29 / 05
ARSENIC	BDL	0.05/0.010*	200.9	0.005	06 / 28 / 05
BARIUM	0.003	2.0	200.7	0.001	06 / 27 / 05
BERYLLIUM	0.0001	0.004	200.7	0.0001	06 / 27 / 05
CADMIUM	BDL	0.005	200.9	0.001	06 / 28 / 05
CHROMIUM	BDL	0.1	200.7	0.01	06 / 27 / 05
CYANIDE	NT	0.2	4500CN-C-E		
FLUORIDE	BDL	4.0	4500F-C	0.5	06 / 21 / 05
MERCURY	BDL	0.002	245.1	0.0002	06 / 20 / 05
NICKEL	BDL	**	200.7	0.01	06 / 27 / 05
SELENIUM	BDL	0.05	200.9	0.005	06 / 28 / 05
SODIUM	4.71	**	200.7	0.05	06 / 27 / 05
THALLIUM	BDL	0.002	200.9	0.002	06 / 29 / 05

\* 0.010 mg/L is effective January 2006

\*\* Monitoring required, but there is no MCL for these contaminants

Ref. G. Patton  
Reviewed & Approved by \_\_\_\_\_  
Title

07 / 01 / 05  
Date

MAIL RESULTS TO: CDPHE, WQCD-CADM  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

FAX: 303-782-0390

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-0207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 506443  
Sample Date: 12/05/05  
Date Received: 12/05/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	12/05/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-0207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 505922  
Sample Date: 11/07/05  
Date Received: 11/07/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	11/07/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-0207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 505246  
Sample Date: 10/03/05  
Date Received: 10/03/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	10/03/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-0207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 504713  
Sample Date: 09/06/05  
Date Received: 09/06/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	09/06/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-0207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 504067  
Sample Date: 08/01/05  
Date Received: 08/01/05  
Analysts: FJG

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	08/01/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

7-26-05

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-0207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 503517  
Sample Date: 07/05/05  
Date Received: 07/05/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	07/05/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 502886  
Sample Date: 06/02/05  
Date Received: 06/02/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	06/02/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

5-1125  
12:30 PM

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PSWID #CO-207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 502460  
Sample Date: 05/09/05  
Date Received: 05/09/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	05/09/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-207504)  
Sample Name: Fouts  
Sample Matrix: Water  
Sample Number: 501732  
Sample Date: 04/04/05  
Date Received: 04/04/05  
Analysts: JAK

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	04/04/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-207504)  
Sample Name: Foust  
Sample Matrix: Water  
Sample Number: 501177  
Sample Date: 03/03/05  
Date Received: 03/03/05  
Analysts: JAK

FAX 130  
3-805

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	03/03/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-207504)  
Sample Name: Foust  
Sample Matrix: Water  
Sample Number: 500645  
Sample Date: 02/03/05  
Date Received: 02/03/05  
Analysts: DJL

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
<b>MICROBIOLOGY</b>				
Total Coliform (CFU/100 ml)	Absent	1.0	9223/2	02/03/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-207504)  
Sample Name: Foust  
Sample Matrix: Water  
Sample Number: 500645  
Sample Date: 02/03/05  
Date Received: 02/03/05  
Analysts: DJL

FA+PD  
2/2/05

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1.0	9223/2	02/03/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

Client Name: Meadow Mountain Water Company  
Project Number: 1115-015 (PWSID #CO-207504)  
Sample Name: Foust  
Sample Matrix: Water  
Sample Number: 500002  
Sample Date: 01/03/05  
Date Received: 01/03/05  
Analysts: DJL

PARAMETER	TESTED VALUE	DETECT LIMIT	METHOD NUMBER	DATE OF ANALYSIS
MICROBIOLOGY				
Total Coliform (CFU/100 ml)	Absent	1	9223/2	01/03/05

Values are reported in colony forming units/100 ml.

/2 Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992

PAK 1-9-05