

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

JANUARY

Month

2009

Year

I. DEMOGRAPHICS SECTION

PWSID#: CO-0207504

System Name: MEADOW MOUNTAIN WATER SUPPLY

Plant ID #: _____

Plant Address: _____
Street

ALENSPARK
City

80510
Zip

County: BOULDER

Population Served: <500

Responsible Party: _____

** 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 0.49

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*****