

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

MONTHLY OPERATIONAL REPORT - Summary Sheet

SLOW SAND, DIATOMACEOUS EARTH & OTHER FILTRATION

MAY

Month

2009

Year

I. DEMOGRAPHICS SECTION

PWSID#: CO-0207504

System Name: MEADOW MOUNTAIN WATER SUPPLY

Plant ID #: 001

Plant Address: 137 MEADOW MTN DRIVE
Street

ALLEN SPARK 80510
City Zip

County: BOULDER

Population Served: <500

Responsible Party: RACHEL BARKWORTH

** 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 | 15 | 48% |
| C. NUMBER OF TURBIDITY ANALYSES > 5 NTU | 0 | |

HIGHEST TURBIDITY READING OF THE MONTH 2.43

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

- IS TURBIDITY FROM EACH INDIVIDUAL FILTER RECORDED EVERY 15 MINUTES? ☐ YES ☐ NO
- 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. _____
- 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? _____
- 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*****