Public Water System Monitoring Plan

|  |  |
| --- | --- |
| **System Name** |  |
| **PWSID** **(Assigned by Department)** |  |
| **County** |  |
| **School or Daycare** |  |
| **Describe Changes** |  |

**Submittal to the Department**

Submit Online (**Preferred**): [wqcdcompliance.com**/**login](https://wqcdcompliance.com/login)

Fax: 303-758-1398

WQCD – B2 – Drinking Water CAS

4300 Cherry Creek Drive South

Denver, CO 80246-1530

**Revisions**

Water systems are required to submit any changes to the Department within thirty (30) calendar days following the effective date of the change. **If submitting revisions please only submit the individual section(s) that changed.**

**Monitoring Schedules**

All routine monitoring information, facilities and sample points (with state assigned IDs), system classification, and system source classification is available at [wqcdcompliance.com/schedules](https://wqcdcompliance.com/schedules). Schedules are updated on a weekly basis and should be checked regularly for any changes.

Immediately call **303-692-3308** (or **1-877-518-5608** if after-hours) for:

1. Positive coliform or Positive *E. coli.*
2. Nitrate greater than or equal to 10.0 mg/L.
3. Nitrite greater than or equal to 1.0 mg/L.
4. Surface water high turbidity or inadequate disinfection.
5. Chlorine dioxide greater than or equal to 0.8 mg/L.
6. Chlorite greater than or equal to 1.0 mg/L.

**Contact Information**

Completed by: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Accuracy: I hereby certify that the information is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

**System Physical Address (Not Mailing)**

**Address:**

**City: State: Zip:**

**System Phone: System Email:**

**Administrative Contact (AC) Name:**

(The primary contact person for all Department mail or other communications regarding drinking water compliance)

**Mailing Address:**

**City: State: Zip:**

**Phone: E-mail:**

**Legally Responsible Water System Owner Name**

(An individual, corporation, partnership, association, state or political subdivision thereof, municipality, or other legal entity)

**Mailing Address:**

**City: State: Zip:**

**Phone: E-mail:**

**Emergency Contact Name:**

(Someone the Department can contact in an emergency if the administrative contact is unavailable)

**Phone: E-mai**l:

**Distribution System (DS) Operator Name:**

(A certified operator designated by the owner to have ultimate responsibility for decisions regarding operational activities)

**Operator ID#: (not the certificate number)**

**Phone: E-mail:**

*DS Operator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Treatment Operator Name: Same as DS?**

(A certified operator designated by the owner to have ultimate responsibility for decisions regarding operational activities)

**Operator ID#: (not the certificate number)**

**Phone: E-mail:**

*Treatment Operator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*