

Public Water System Monitoring Plan

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|-----------------------------------|--|
| System Name | Meadow Mountain Water Supply Company |
| PWSID (Assigned by Department) | CO-0207504 |
| County | Boulder |
| School or Daycare | NA |
| Describe Changes | Update Operator in Responsible Charge, change email of administrator |

Submittal to the Department

Submit Online (Preferred): 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. 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: _____ Rachel Barkworth _____

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) 137 Meadow Mountain Drive

Address: P.O. Box 162

City: Allenspark State: CO Zip: 80510

System Phone: 303-823-2318 System Email: rachel@bluegagebooks.com

Administrative Contact (AC) Name:

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

Mailing Address: P.O. Box 162

City: Allenspark State: CO Zip: 80510

Phone: 303-823-2318 E-mail: rachel@bluegagebooks.com

Legally Responsible Water System Owner Name Meadow Mountain Water Supply Company

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

Mailing Address: P.O. Box 162

City: Allenspark State: CO Zip: 80510

Phone: 303-823-2318 E-mail: contact@meadowmountainwater.org

Emergency Contact Name: Barry Mauerman

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

Phone: 303-747-0317 E-mail: barry.mauerman@gmail.com

Distribution System (DS) Operator Name: Barry Mauerman

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

Operator ID#: (not the certificate number)

Phone: 303-747-0317 E-mail: barry.mauerman@gmail.com

DS Operator Signature: _____

Treatment Operator Name: Barry Mauerman Same as DS? Yes

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

Operator ID#: (not the certificate number)

Phone: 303-747-0317 E-mail: barry.mauerman@gmail.com

Treatment Operator Signature: _____