



COLORADO

Department of Public Health & Environment

DATE RECEIVED _____

Dedicated to protecting and improving the health and environment of the people of Colorado

ANNUAL REPORT FOR THE USE OF RECLAIMED WATER AS OUTLINED IN THE RECLAIMED WATER CONTROL REGULATION REGULATION NO 84 5 CCR 1002-84

IMPORTANT CHANGES TO THE REPORT FORM AND REPORTING REQUIREMENTS:

This annual report form includes requests for additional information and clarifies information required under the previous annual report form. The changes are described below:

NOTE: Treater must submit Annual Report for the previous year by March 31st

Submit Annual Report to:

Colorado Department of Public Health and Environment
Water Quality Control Division (WQCD)
4300 Cherry Creek Drive South B2
Denver, CO 80246-1530

PART 1: TREATER GENERAL INFORMATION

1.1	Treatment Facility Address	_____
1.2	Legal Contact	_____
1.3	Legal Address	_____
	City, State, Zipcode	_____
1.4	Notice of Authorization No	_____
1.5	Treatment Facility or Reuse Contact	_____
1.6	Point(s) of Compliance	_____

PART 2: WATER QUALITY ANALYTICAL RESULTS - COMPLIANCE WITH RECLAIMED WATER AND SECONDARY TREATMENT STANDARDS:

2.1 Category 1 Standards

Attach a summary of applicable water quality data from the point(s) of compliance for EACH MONTH reclaimed water was supplied including:

- 2.1.1. Monthly geometric mean for E.coli
- 2.1.2. Single sample monthly maximums for E.coli (per 100 ml)
- 2.1.3. Single sample daily maximums for total suspended solids (mg/L)

2.2 Category 2 Standards

Attach a summary of applicable water quality data from the point(s) of compliance for EACH MONTH reclaimed water was supplied including:

- 2.2.1 Monthly geometric mean for E.coli
- 2.2.2 Single sample monthly maximums for E. coli (per 100 ml)
- 2.2.3 Single sample daily maximums for total suspended solids (mg/L)
- 2.2.4 Percentage of individual analytical results for turbidity exceeding 5NTU during each calendar moth



2.3 Category 3 Standards

Attach a summary of applicable water quality data from the point(s) of compliance for EACH MONTH reclaimed water was supplied including:

- 2.3.1 Percentage of individual analytical E.coli samples
- 2.3.2 Monthly average for turbidity (NTU)
- 2.3.3 Percentage of individual analytical results for turbidity exceeding 5 NTU during each calendar month

PART 3: EXCEEDENCES OF WATER QUALITY STANDARDS

Were there any exceedances of the applicable reclaimed water standards or secondary standards required under the NOA for the reporting period? YES NO If yes, please answer the following

3.1 Was the WQCD notified of any and all exceedances of the applicable reclaimed water standard or secondary standard required under the NOA for the reporting period? YES NO

3.2 If no, attach a description, for each incident involving exceedance, of:

- 3.2.1 The type of exceedance and its cause,
- 3.2.2 The period of exceedance, including exact dates and times
- 3.2.3 Steps taken or planned to reduce, eliminate, and prevent recurrence of the exceedance
- 3.2.4 All analytical data relevant to the exceeded standard that had not previously been submitted to the WQCD
- 3.2.5 Explanation for why the incident involving exceedance was not previously reported to the WQCD

PART 4: CONDITIONS FOR USE OF RECLAIMED WATER

User's compliance with the conditions of use

4.1 Attach a signed certification statement required per Section 84.10 (B) (6) of Regulation No. 84 for each user of reclaimed water, certifying their compliance with the conditions of use included in their Notice of Authorization

4.2 Provide a description of all incidents involving violations by users including:

- 4.2.1 The type of violations and its cause
- 4.2.2 The period of violations, including exact dates and times
- 4.2.3 Steps taken or planned by the applicator, treater, or both, to reduce, eliminate, and prevent recurrence of the violation
- 4.2.4 If the incident involving violation was previously reported to the WQCD
- 4.2.5 When applicable, provide an explanation for why the incident involving violation was NOT previously reported to the WQCD

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PART 4: CONDITIONS FOR USE OF RECLAIMED WATER continued

4.3. Provide any updates to the following information for users of reclaimed water:

- 4.3.1 User information including name of entity; legally responsible person's name; address; telephone number; email address; and site address where reclaimed water will be used.
- 4.3.2 Changes in amount of irrigated acreage
- 4.3.3 Changes in effluent discharge locations or permitting for commercial or industrial uses
- 4.3.4 Addition of any backflow devices to reclaimed water systems

PART 5: MONITORING, RECORD KEEPING, AND REPORTING

5.1 Inspections

Provide supporting documentation that a representative number and type of user sites were inspected, including any self-inspection forms submitted by user.

- 5.1.1 The Inspector(s) names and date of inspection.
- 5.1.2 Any violations discovered during an inspection.
- 5.1.3 Issues resolved between the Treater and the User without Division notification, including steps which were taken or planned by the applicator to reduce, eliminate and prevent recurrence of the noncompliance

5.2 Records The treater shall provide the following records:

- 5.2.1 For treaters subject to limitations on concentration or loading of phosphorus under a control regulation, all analytical results for phosphorus required by the control regulation.
- 5.2.2 The total amount of reclaimed water delivered to each user for each use authorized by an NOA,
- 5.2.3 For each user location authorized by a NOA for landscape or agricultural irrigation, the associated acreage where reclaimed water was applied.

PART 6: CERTIFICATION:

"I certify, under penalty of law, that the information I am providing in this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Print Treater's Legally Responsible Person Name

Treater's Legally Responsible Person Signature

Date

