| Monthly Operating Report | | | | | | | | ormat | | | | | | |
|------------------------------|--|------------------------|-----------------------|-----------------------|--------------------------|-----------------------------|---|---------------|--------------|-------------|-------------------|-------------|----------|--|
| | | All GW sy | stems | | | Treatm | ent plar | nt/pump | station: | | | | | |
| Syst | em Name: | | | | | | Select one | | | | | | | |
| | PWSID#: | | | | | | Community System → □ Non-transient Non-community → □ | | | | | | | |
| Designated operator name and | | | | | | Transient Non-Community → □ | | | | | | | | |
| ME Lice | | i name and | | | | list on a | | | | • | | tments, sou | roon | |
| | | | | | | | | , tele, ect.) | | alion (iaci | iilles, lieal | ments, sou | iices, | |
| e-m | ail address: | | | | | | | | | | | | | |
| R | eporting per | iod (month | and year): | | | | | | | | | | | |
| | | | | | | List any c | peration p | oroblems o | or commer | nts: | | | | |
| Signature:Date: | | | | | | | | | | | | | | |
| olgriatu | i G | | D | al6 | | | | | | | | | | |
| | Daily | water prod | duction | From table below: \ | | | Chemic | | Disinfectant | | | | | |
| | | | | | below. | | | | | _ | Residual | | | |
| Date | Mgals pumped | Peak hourly flow (GPM) | filt. or finish pH | Dis. log inactivatior | | 1 | 2 | 3 | 4 | 5 | 6 | mg/ | /I | |
| 1 | pumpeu | now (Gr Wi) | ρπ | Triactivation 1 | List units: | | | | | | | ilig/ | <u>L</u> | |
| 2 | | | | \ | (i.e. lbs, gal) | | | | | | | | | |
| 3 | | | | | \ Reporting | | | | | | | | | |
| 5 | | | | | dis. log | | | | | | | | | |
| 6 | | | | | inactivation is | | | | | | | | | |
| 7 | | | | | optional. | | | | | | | | | |
| 9 | | | | | - | | | | | | | | | |
| 10 | | | | | If only able to report | | | | | | | | | |
| 11 12 | | | | | monthly total, | | | | | | | | | |
| 13 | | | | | enter it on | | | | | | | | | |
| 14 | | | | | this line. | | | | | | | | | |
| 15 | | | | |] \ | • | | | | | | | | |
| 16 17 | | | | | 1 | | | | | | | | | |
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| Summary | t | , , | | | | | (N | (| (N | (i i i i | (i i i) | L | | |
| | (total) | (avg.) | (avg.) | (min.) | Ol! | (total) | (total) | (total) | (total) | (total) | (total) | (mir | 1.) | |
| | | | | (report flue | Chemical oride info on s | | uoride fo | rm) | | | | | | |
| | Number Chemical Name | | | | | | Purpose | | | | Chemical Strength | | | |
| | 1 | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | |
| | 6 Disinfestant | | | | | | | | | | | | | |
| | Disinfectant | | | | | | | | | | | | | |
| | Summary of Total Coliform Bacteria Rule - please continue to submit complete results | | | | | | | | | | | | | |
| | Number of routine samples taken: | | | | | | Number of repeat samples taken: | | | | | | | |
| | | | Number of po | 1 | 1 | | | ual at sites | | | | | | |
| | ! | | | , - | • | | | | | • | | 1 | | |