

Small Water System Monthly Operating Report for Ultra-Violet Treatment (UV)

Send completed form to the Drinking Water Program by the 10th of the following month.

MAIL TO: DHHS, Maine Drinking Water Program, 11 State House Station, Augusta, Maine 04333-0011

or E-MAIL: DWPMOR@maine.gov

or FAX: 287-4172

Water System Name:		List any problems or special situations that occurred with the treatment during the month.
PWSID # :		
Water Operator Name:		
Location Town/City:		
Reporting Period (Month and Year)		
UV Equipment Manufacturer:		
UV Model:		
Signature of Owner or Operator:		
Date		

EQUIPMENT CHECK LOG

{Equipment Checks are Required to be Done Twice a Week but the DWP Strongly Encourages That Checks be Done Daily}

Date Sleeve/Bulb Last Cleaned?								
Date Bulb Last Replaced?								
Date Sediment Filter(s) Last Changed?								
.....DAILY CHECKS.....				MAINTENANCE, REPAIRS, ADJUSTMENTS				
Date	Number of Gallons Pumped	Are Intensity and/or % Transmittance Readings Within Acceptable Range(s)? (if your UV unit has this display(s))	Alarm OK?	All Displays and other Checks Show UV Operating OK?	Cleaned Lamp Sleeve/Bulb?	Replaced Bulb?	Changed Sediment Filter?	List other Maintenance, Repairs, or Adjustments done.
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