

**SURFACE WATER OPERATION & CHEMICAL REPORT FOR**  
**WTP NAME** \_\_\_\_\_

**PWS ID #** \_\_\_\_\_

DATE	Previous Meter Reading		Hours Plant Run	Rainfall (in)	Temperature		Lbs. Chemical Used (List Chemicals)						pH			Alkalinity (ppm)			Hardness (ppm)		Fluoride (ppm)	Turbidity (NTU)						Effluent Disinfectant (ppm) Lowest Measured Value*	Chlorite Monitoring (For Systems Using Chlorine Dioxide)		DATE
	Master Meter Reading (gal)	Total Treated x1000 gal			Air	Water	Raw	Set	Fin	Raw	Set	Fin	Raw	Set	Raw	Set	Raw	Set	Finished AM			Finished PM			Entry Point Chlorite (ppm)	Dist. Samples Collected (Y/N)					
																			12 -- 4	4 -- 8		8 -- 12	12 --4	4 -- 8			8 -- 12				
1																															
31																															
Total																					Total # of Finished Turbidity Values										
Avg.																					# > 1 NTU										
Max.																					# > 0.3 NTU			# > 0.15 NTU							
<b>Min.</b>																					% > 0.3 NTU			% > 0.15 NTU							

\* 4 Hr Effluent Residual Monitoring Required if < 0.2 PPM

See reverse side for CT compliance, filter operation and ClO2 residual monitoring.

Date	AM			PM			Date	AM			PM		
	12 -- 4	4 -- 8	8 -- 12	12 -- 4	4 -- 8	8 -- 12		12 -- 4	4 -- 8	8 -- 12	12 -- 4	4 -- 8	8 -- 12

Is booster chlorination provided?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:	
I certify that the information in this report is true and accurate to the best of my knowledge. I acknowledge that any knowingly false or misleading information may be punishable under 18 USC 1001 and other applicable laws.	
Signature _____	Date _____
Printed Name _____	Position: _____ License # _____

Make a copy for your records & return by the 10th of the following month to the above address.

WATER QUALITY DATA FOR CT COMPLIANCE

PWS \_\_\_\_\_ ID # \_\_\_\_\_ MONTH \_\_\_\_\_ YR \_\_\_\_\_

PLANT NAME \_\_\_\_\_

ClO2 Residual Monitoring (ppm)				
Date	Entry Point	Distribution System		
		Pt. 1	Pt. 2	Pt. 3
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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25				
26				
27				
28				
29				
30				
31				

Filter Operation				Turbidimeter Calibration Record	
Date	Number Used	Filters Washed	Wash Water Used x 1000	Turbidimeter	Calibration
				Name or Number	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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28					
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30					
31					

SYSTEM NAME \_\_\_\_\_  
 PLANT NAME \_\_\_\_\_  
 PWS # \_\_\_\_\_  
 MONTH \_\_\_\_\_

D A T E	Peak Raw / Plant Flow Rate (GPM)	Peak High Service Flow Rate (GPM)	Minimum Clearwell Level* (FEET)	Water Temp. Degrees	(RECORD DISINFECTANT INJECTION POINTS BELOW)						Was compliance met this date? (Yes / No)	Percent Compliance
					(RECORD MONITORING LOCATIONS BELOW)							
					pH	Free Cl2 Residual (ppm)	pH	Free Cl2 Residual (ppm)	pH	Free Cl2 Residual (ppm)		
1												
2												
3												
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6												
7												
8												
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\*Applicable only if minimum clearwell level must be maintained for compliance.

Comments \_\_\_\_\_

The above figures are true and accurate to the best of my knowledge.

SIGNATURE \_\_\_\_\_ POSITION \_\_\_\_\_

**SWTR, ESWTRs & D/DBP RULE REQUIREMENTS**

Combined Filter Effluent Turbidity Monitoring

≥ 500 pop: every 4 hours (May substitute continuous)  
 < 500 pop: 1 per day min. if approved in writing by ADH

Turbidity Level of Combined Filter Effluent

95% ≤ 0.3 NTU

**Notify the Department of Health whenever turbidity > 1 NTU**

Individual Filter Effluent Turbidity Monitoring

Continuous Monitoring -- Record values every 15 minutes and maintain records on file for review during sanitary survey.

(SCADA and /or monthly IFE turbidity meter downloads are recommended.)

Turbidity Level of Individual Filters

(Use Separate "Individual Filter Turbidity Monitoring Report" form for reporting)

Chlorine Monitoring

Plant - < 500 pop: 1 per day min.  
 501 - 1000: 2 per day min.  
 1001 - 2500: 3 per day min.  
 2500 - 3300: 4 per day min.  
 > 3300: continuous

Distribution - Same time & frequency as coliform sampling. -- (Use separate "Bacteriological Monitoring Record" form for reporting)

Minimum Chlorine Level

Plant Effluent: Not <0.2 ppm for >4hrs.  
 Distribution: ≥ Trace residual

**If plant effluent residual <0.2 ppm, notify Department of Health and monitor every 4 hours until >0.2 ppm**

CT: Monitor pH, water temperature, & disinfectant residual at prescribed points when plant is at peak flow for that day. Check compliance. Record on this form.

Chlorine Dioxide & Chlorite Monitoring

Daily at Entry Point

(ClO2 & Chlorite Monitoring only applies to systems using chlorine dioxide)

**If ClO2 residual exceeds 0.8 ppm collect 3 distribution system samples on the following day. Record distribution ClO2 residuals on this form.**

**If Chlorite exceeds 1.0 ppm, notify the Department of Health and collect 3 distribution system samples on the following day.**

ClO2 residual and Chlorite distribution system monitoring points as per ADH approved sample site plan.

Chlorite MCL -- 1.0 ppm

Maximum Residual Disinfectant Levels

Chlorine Dioxide MRDL -- 0.8 ppm (as ClO2)  
 Chlorine & Chloramines MRDL -- 4.0 ppm (as Cl2)