

Public Water System Name	Reporting Month/Year __/20__ MM Y Y Y Y	Date Report Submitted __/__/20__ MM D D Y Y Y Y	Source Water Type(s) <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID  NY _____	County	Town, Village or City	

DATE	Source (s) in use T	Treated water volume (gallons/day) T	Chlorination				Ultraviolet Radiation / Other Treatments							
			Gaseous		Liquid		Free chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter >70 %					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)									
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3														
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30														
31														
TOTAL T														
AVG. T														

Chlorine Mix Ratio = \_\_\_\_\_ quarts/gallons of \_\_\_\_\_ % chlorine added to \_\_\_\_\_ gallons of water in crock.

Date UV quartz sleeve last cleaned: \_\_\_\_\_ Date UV lamp replaced: \_\_\_\_\_ Alarm activation (yes or no) If "yes," date of activation: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_ NYSDOH Operator Certification Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Operator Grade Level: \_\_\_\_\_

# Microbiological Samples and Free Chlorine Residual 0T

Sample T Location T	Date T of T Sample T T	Sample Type T T 1. Routine T 2. Repeat	Total T Coliform T Positive T	E.coli T Positive T	Free T Chlorine T Residual T (mg/l) T
			YES <input type="checkbox"/> NOT <input type="checkbox"/>	YES <input type="checkbox"/> NOT <input type="checkbox"/>	
			YES <input type="checkbox"/> NOT <input type="checkbox"/>	YES <input type="checkbox"/> NOT <input type="checkbox"/>	
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			YES <input type="checkbox"/> NOT <input type="checkbox"/>	YES <input type="checkbox"/> NOT <input type="checkbox"/>	

**Population Served:** \_\_\_\_\_

**Number of microbiological monitoring samples required:** \_\_\_\_\_

**Number of microbiological monitoring samples taken:** \_\_\_\_\_

**Did a M&R violation occur?** Yes  No

If "Yes," check reason (s) below:

\_\_\_ Actual number of samples is fewer than required

\_\_\_ Did not collect/analyze repeat sample

\_\_\_ Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

**Did a MCL violation occur?** Yes  No

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

\_\_\_ For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

\_\_\_ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

\_\_\_ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

**As required by 5-1.72,  Operation of a Public Water System,  a copy of this form shall be sent to your local health department by the 10<sup>th</sup> calendar day of the next reporting period.**

Sample collector(s): \_\_\_\_\_

Name of NYSDOH Certified Laboratory: \_\_\_\_\_

Did any MCL violation occur? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_