



Surface Water Treatment Plant Monthly Operating Report (MOR)

| monanty operating respons (money |
|----------------------------------|
| Reporting Period: |
| Analytical Lab ID: |
| Analytical Lab Nama: |

| Division of Drinking an | d Ground Waters |
|-------------------------|-----------------|
|-------------------------|-----------------|

| | Siu | #: |
|----------|--|------------------------|
| <u> </u> | Pistribution Disinfectant Reporting | Clearwell Information |
| (a) | Number of Samples Analyzed | Calculation Type: Si |
| (b) | Number Below Required Residual | Disinfectant Monitore |
| (c) | Percent Meeting Disinfectant Requirement | Filtration Type: Conve |

| Clearwell Information | Clearwell | Surface Area | Approved Effective Volume |
|--|-----------|----------------|---------------------------|
| Calculation Type: Simple or Complex (e) | ID | Odridoc / lica | Factor |
| Disinfectant Monitored Continuously Yes No (f) | (i) | (j) | (k) |
| Filtration Type: Conventional, Slow Sand, Direct (g) | | | |
| Log Inactivation Requirement: (h) | | | |
| | | | |

| | (d) Previous Month: Percent Meeting Disinfectant Requirement | | | Log Inactivation Requirement: | | | _(h) | | | | | | | | | |
|------|--|--|--|-------------------------------|------------|--------------|---|--|--|---------------------------------------|---------------------------|------------------------|--------------------------|-------------------|------------------------|----------|
| Date | to Distribut | Chlorine at Entrance tion System Combined | Duration Chlorine Residual Fell Below Requirement | | Highest pH | Lowest Temp. | Lowest Clearwell Operating Depth/Level (feet) | Lowest Disinfectant Concentration (mg/L) | Effective Disinfectant Contact Time (minutes) | Minimum Actual CT (min. x mg/L) | Required CT (min. x mg/L) | Interpolation (Y/N) | Raw Alkalinity (mg/L) | Raw TOC (mg/L) | Finished TOC (mg/L) | Comments |
| | (| l) | (m) | (n) | (0) | (p) | (q) | (r) | (s) | (t) | (u) | (v) | (w) | (x) | (y) | (z) |
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| Operator of Record: (w | v) Certification Number: | (xx) | Date: | (yy) |
|------------------------|--------------------------|------|-------|------|





Division of Drinking and Ground Waters

| PWS Name: |
|-----------|
| STU Name: |
| PWSID #: |
| STU# |

Surface Water Treatment Plant Monthly Operating Report (MOR)

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|----------------------|---|---|---|---|
| Reporting Period: | | | | |
| Analytical Lab ID: | | | | |
| Analytical Lab Name: | | | | |

| TOC Value Information | | | | | |
|-----------------------|--------------------------|--|--|--|--|
| Calc. TOC Value | ATC (1.0) | | | | |
| (aa) | A, B, C, D, E, None (bb) | | | | |

| | Turbidity Location: | 1,2,3,4 | Turbio (cc) | g Information Percent within Standard:(rr) | | | | | |
|------|-----------------------|-------------------|-------------------|--|----------------------------|--|---|---|--|
| 5. | | Maximum Turbidity | Minimum Turbidity | Average Turbidity | Grab Sam | ple Report | Continuous Monitoring report | | |
| Date | Total Hours Filtering | (NTU) | (NTU) | (NTU) | Total Number of Results | Number of Results Exceeding Standard | Number of Hours results were Recorded | Number of Hours Results Exceeded Standard | |
| | (dd) | (ff) | (hh) | (ii) | (jj) | (II) | (nn) | (pp) | |
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| | Total: (ee) | Max: (gg) | | | Total: (kk) | Total: (mm) | Total: (oo) | Total: (qq) | |

| Results Exceeding Standard | | | | | | | |
|----------------------------|------|--------------------|---------------------|--|--|--|--|
| Date | Time | Turbidity (NTU) | Duration (0.1 hrs.) | | | | |
| (ss) | (tt) | (uu) | (vv) | | | | |
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Operator of Record: __(ww)____

Certification Number:___(xx)____

Date: ____(yy)____





Addendum for Individual Filter Turbidity Results

>10,000

| System Population: | 10000 or Greater | 7 | | | | | |
|--------------------|-------------------------------|--|---------------------------------|---|--|--|--|
| | | during the m | onth? If yes i | monitoring or recording (every 15 minutes) equipment offline indicate the filter number(s), the date(s), duration, and individual ency on a separate sheet. | | | |
| | | 1.0 NTU in two consecutive measurements taken 15 minutes apart? If yes, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. filter profile). 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? If yes, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. filter profile). | | | | | |
| | | | | | | | |
| | | three consecutive indicate requ | cutive months iired follow-u | ve measurements taken 15 minutes apart at any time in each of s? If yes, complete the table on the reverse side of this form and p action status (i.e. Individual Filter Self-Assessment - IFSA). | | | |
| | | two consecu | tive months? | ve measurements taken 15 minutes apart at any time in each of If yes, complete the table on the reverse side of this form and p action status (i.e. Comprehensive Performance Evaluation - | | | |
| Filton Novel | Individual Fitter Forest | ID-4- | Time | Tunkidik, (AITI) Magazina anti-> | | | |
| Filter Number | Individual Filter Event | Date | Time | Turbidity (NTU) Measurement(s) | | | |
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| | | | | e filters on the EPA 5109-A/B form which was submitted last month | | | |
| | If yes, which filter(s) and v | vnich event(s) | | | | | |
| | | | | 2.425.010 | | | |
| | 16 | | FOLLOW-U | | | | |
| | | er profile is required, was the filter profile completed within 7 days of the individual filter event? | | | | | |
| | | ilter Self-Assessment is required, was the assessment completed within 5 days of the individual filter for individual filter selfassessment report | | | | | |
| | Completion date for indivi | uuai iiitei Sellä | 3353311151111111 | sport | | | |
| | | DECLUB | ED EIEI DE I | | | | |
| | REQUIRED FIELDS FOR CPE | | | | | | |
| | Filter Number CPE Event Date | | | | | | |
| | CPE Arranged with Direct | or (third party) | Date | | | | |
| | CPE Report Submission t | | Date | | | | |

CPE arranged within 30 days of individual filter event?
CPE report submitted within 90 days of individual filter event?



Addendum for Individual Filter Turbidity Results

| System Population: | Less than 10000 | | | | |
|---|--|--|------|--------------------------------|--|
| | | Do you monitor each individual filter effluent (or combined filter effluent for systems with two filters)? | | | |
| | | | | | |
| | Was the continuous filter monitoring or recording (avery 15 minutes) equipment offling due | | | | |
| | | Was the continuous filter monitoring or recording (every 15 minutes) equipment offline during the month? If yes, indicate the filter number (s), the date(s), duration, and individual filter grab sampling frequency on a separate sheet. 1.0 NTU in two consecutive measurements taken 15 minutes apart? If yes complete the table on the reverse side of this form and indicate required follow-up action status (report cause if known). | | | |
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| | | 1.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? If yes complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Individual Filter Self-Assessment - IFSA). 2.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? If yes complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Comprehensive Performance Evaluation - CPE). | | | |
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| Filter Number | Individual Filter Event | Date | Time | Turbidity (NTU) Measurement(s) | |
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| | Was an individual filter event reported for any of these filters on the EPA 5109-A/B form which was submitted last month? | | | | |
| | If yes, which filter(s) and which event(s)? | | | | |
| DECUMPED FOLLOW UP ACTIONS | | | | | |
| REQUIRED FOLLOW-UP ACTIONS | | | | | |
| | If an Individual Filter Self-Assessment is required, was the assessment completed within 14 days of the individual filter event? | | | | |
| | Completion date for individual filter selfassessment report | | | | |
| Completion date for marriadal mer conductor marriage to | | | | | |
| REQUIRED FIELDS FOR CPE | | | | | |
| | Filter Number | | | | |
| | CPE Event Date | | | | |
| | CPE Arranged with Director (third party) Date | | | | |
| | CPE Report Submission to District Date | | | | |
| | CPE arranged within 60 days of individual filter event? | | | | |
| | CPE report submitted within 120 days of individual filter event? | | | | |
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