



LT2 ESWTR TOOLBOX MONTHLY OPERATIONAL REPORT FORM

I. General Information

Public Water System Name:				Reporting Month/Year:	
PWSID #:		Plant ID #:		Plant Name:	
Contact Name:				Phone #:	
DEP Source ID#	Source Name	LT2 Bin Classification	DEP Source ID#	Source Name	LT2 Bin Classification

Note: Systems with multiple sources or with the potential to switch between multiple sources should report all sources used to supply the treatment plant during this reporting month.

II. LT2 ESWTR Summary

Bin 1 sources using alternative treatment: log removal/inactivation needed: logs

Bin 2 or higher sources: additional log treatment credits needed: logs

Toolbox Options Available: (check all options used during the reporting month)

(Complete the following form(s))

- ☐ Membrane Filtration - Removal credits claimed: logs **(3800-FM-WSFR0162)**
- ☐ UV - Inactivation credits claimed: logs **(3900-FM-BSDW0518)**
- ☐ Chlorine Dioxide - Inactivation credits claimed: logs **(3900-FM-BSDW0518)**
- ☐ Ozone - Inactivation credits claimed: logs **(3900-FM-BSDW0518)**
- ☐ Bag / Cartridge Filters - Removal credits claimed: logs **(3900-FM-BSDW0518)**
- ☐ Other - Treatment credits claimed: logs **(3900-FM-BSDW0518)**

List Option(s):

Did the plant achieve the total log treatment required for the month? ☐ Yes ☐ No

Does the System have an approved Watershed Control Plan? ☐ Yes ☐ No

III. Verification

Responsible Official's Name (printed):	
Responsible Official's Signature:	Date: