

Public Water System Name: _____ Public Water System ID: NY _____

County: _____ Town, Village or City: _____ Source Water Type(s): ☐ Surface
☐ Ground
☐ GWUDI
☐ Purchase with subsequent chlorination
☐ Purchase w/out subsequent chlorination
☐ 4 log treatment required

Reporting Month/Year: _____ Date Report Submitted: _____
MM/YYYY MM/YYYY

| | | | CHLORINATION | | | | ULTRAVIOLET RADIATION/OTHER TREATMENTS | | | | | |
|-------|------------------|------------------------------------|------------------------|--------------------------|---|--|--|----------------------|--------------------------------|-----------------------|--|--|
| | | | Gaseous | | Liquid | Free chlorine residual at entry point (mg/l) | UV Unit active (YES/NO) | Intensity meter >70% | Quartz sleeve cleaned (YES/NO) | Checked by (INITIALS) | | |
| Date | Source(s) in use | Treated water volume (GALLONS/DAY) | Cylinder weight (LBS.) | Chlorine used/Day (LBS.) | Hypochlorite added to crock (GALLONS OR QUARTS) | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |
| AVG | | | | | | | | | | | | |

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

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____
MM/DD/YY MM/DD/YY

Alarm activation: ☐ No ☐ Yes If "Yes," date of activation: _____ Required Treatment Residual Level: _____ mg/l
MM/DD/YY

Reported by: _____ Title: _____ NYSDOH Operator Certification Number: _____

Signature: _____ Date: _____ Operator Grade Level: _____
MM/DD/YY

Microbiological Samples and Free Chlorine Residual

| Sample Location | Date of Sample | Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED | Total Coliform Positive | | E. coli Positive | | Free Chlorine Residual (mg/l) |
|-----------------|----------------|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| | | | Y | N | Y | N | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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

Was triggered source water monitoring required? ☐ Yes ☐ No

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 10th 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 : _____