

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			Alr	Water							Raw	Set	Fin	Raw	Set	Fin	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																																1			
2																																2			
3																																3			
4																																4			
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Total																							Total # of Finished Turbidity Values												
Avg.																							# > 1 NTU												
Max.																							# > 0.3 NTU			# > 0.15 NTU									
Min.																							% > 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

No

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.

ClO2 Residual Monitoring (ppm)				
Date	Entry Point	Distribution System		
		Pt. 1	Pt. 2	Pt. 3
1				
2				
3				
4				
5				
6				
7				
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9				
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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)

Filter Operation				Turbidimeter Calibration Record	
Date	Number Used	Filters Washed	Wash Water Used x 1000	Turbidimeter Name or Number	Calibration Date
1					
2					
3					
4					
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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)

SYSTEM NAME _____
PLANT NAME _____
PWS # _____ MONTH _____, _____

WATER QUALITY DATA FOR CT COMPLIANCE

PWS _____ ID # _____ MONTH _____ YR _____

PLANT NAME _____

D A T E	Peak	Peak	Minimum Clearwell Level* (FEET)	Water	(RECORD DISINFECTANT INJECTION POINTS BELOW)						Was compliance met this date? (Yes / No)	Percent Compliance
	Raw / Plant	High		Temp. Degrees								
	Flow	Service			(RECORD MONITORING LOCATIONS BELOW)							
	Rate	Flow										
		Rate			pH	Free Cl2 Residual (ppm)	pH	Free Cl2 Residual (ppm)	pH	Free Cl2 Residual (ppm)		
	(GPM)	(GPM)										
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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 / DATE _____ POSITION _____