

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

_	See page 2 f	or instructions.								
	neral Information for	the Month/Year of:								
Consecutive System Name:						PWS Identification Number:				
Consecutive System Type: Community Non-Transient Non-Community						Transient Non-Community				
Number of Service Connections at End of Month:						Total Population Served at End of Month:				
	cutive System Owner:									
Contact Person:					Contact Person's Title:					
Contact Person's Mailing Address:					7			Zip Co	ode:	
						Contact Person's Fax Number:				
Contact Person's E-Mail Address:										
II. Daily Data for the Month/Year of:										
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine					Combined Chlorine (Chloramines) Chlorine Dioxide					
	Lowest Residual					Lowest Residual				
Day	Disinfectant Concentration at Remote	Emergency or Abnormal	Operating Conditions; Rep	air or Maintananca	Day	Disinfectant Concentration at Remote	Emarganov or	Abnormal Operating C	anditions: Panair or	
of the	Point in Distribution	Work that Involves	Taking Water System Comp	onents Out of	of the	Point in Distribution	Maintenance Work	that Involves Taking W	ater System Components	
Month	System, mg/L		Operation		Month	System, mg/L		Out of Operation		
1					17					
2					18					
3					19					
4					20					
5					21					
6					22					
7					23					
8					24					
9					25					
10					26					
11					27					
12					28					
13					29					
14					30					
15					31					
16										
ш	ortification by Autho	rized Depresentative								
III. Certification by Authorized Representative I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.										
Signature and Date				Printed or Typed Name			License Number or Title			

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INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).