NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water System Operation Report For Use by Public Water Systems that Treat with Chlorine and/or Fluoride

Public Water System Name						Reporting Month/Year /		Date Report Submitted//		Source Water Type(s)			
										Surface Ground GWUDI Purchase with subsequent chlorination			
						MMYYYY		MM DD Y Y Y Y		Purchase with subsequent chlorination Purchase w/out subsequent chlorination			
	ic Water Supply	ID				County		Town, Village, or City					
N	<u> </u>												
1 reat													
Fluoride Compound Used: Sodium fluoride (NaF - crystalline) Sodium fluorosilicate (Na ₂ SiF ₆ - dry powder) Fluorosilicic acid (H ₂ SiF ₆ - liquid)													
Fluoride Residual Testing Method Used:													
Fluoride Injection Point Location(s) Identification: #1; #2; #3													
Date of Fluoride Split Sample													
DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination Gaseous Liquid Cylinder Chlorine Hypochlor			Free chlorine	Caula	Fluoridation Fluoride compound	Fluoride nished water	Other Treatment Readings			
DATE			weight (lbs.)	used per day (lbs.)	added to cros (gallons or qu		Scale Reading	used per day (_lbs./_gals./_qt 3	nished water bncentration (mg/l)		1		
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28			1				1						
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31							1						
TOTAL													
AVG.													
Chlorine N	hlorine Mix Ratio= quarts/gallons of						% chlorine added to			gallons of water in crock			
Reported by:	eported by: Title: NYSDOHOperator Certification Number:												
Signature:					_	Date:		Op	erator Grade Level:				

Sample Location			E.coli Positiv		Free Chlorine Residual (mg/l)	Population Served: Number of microbiological monitoring samples required:			
			YES NO	YES	NO		Number of microbiological monitoring samples taken:		
			YES NO	YES	NO		Did an M&R violation occur? Yes□ No□		
			YES NO	YES	NO		If "Yes," check reason (s) below:		
			YES NO	YES	NO		Actual number of samples is fewer than requiredDid not collect/analyze repeat sample		
			YES NO	YES	NO		Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample		
			YES NO	YES	NO		Did an MCL violation occur? Yes□ No□		
			YES NO	YES	NO		If "Yes," check reason(s) below (see also Part 5, Table 6 for		
			YES NO	YES	NO		additional information).		
			YES NO	YES	NO		For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform		
			YES NO	YES	NO		(= total coliform <u>MCL</u> violation).		
			YES NO	YES	NO		For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform		
			YES NO	YES	NO		(= total coliform <u>MCL</u> violation).		
			YES NO	YES	NO		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= <u>E.coli MCL violation</u>).		
			YES NO	YES	NO		Reminder: System must collect a minimum of five (5) routine		
			YES NO	YES	NO		microbiological monitoring samples during the month following a repeat sample collection.		
			YES NO	YES	NO		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 10 th		
			YES NO	YES	NO		calendar day of the next reporting period.		
			YES NO	YES	NO				
Sample Collector:		1					Date:		
Sample Collector:									
Name of NYSDOH Certified Lal							Date.		
Did any MCL violation occur? I		oe:							
Dia miy 11702 violation occur. 1	a so, prouse deserv								
Did an emergency or low pressur	re problem occur?	Did sourc	e water bypas	ss an exi	isting	g treatment	process in the system? If so, please explain:		
Comments:									