# Monthly Operating Report
## System Type - All SW and GUI

System Name:

PWSID#:

Designated operator name and ME License #:

e-mail address:

Reporting period (month and year):

Signature: _____Date:_____

## System Information

Treatment plant/pump station:

Select one

Community System → ☐

Non-transient Non-community → ☐

Transient Non-Community → ☐

Comments:

## Daily water production

| Date | Mgals pumped | Peak hourly flow (GPM) | filt.or finish pH | Dis. log inactivation |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
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| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| Summary | | | | |
| | (total) | (avg.) | (avg.) | (min.) |

From table below:

List units: (i.e. lbs, gal)

Reporting dis. log inactivation is optional.

If only able to report monthly total, enter it on this line.

## Chemical usage - daily or monthly totals

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|
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| | | | | | | | |
| (total) | (total) | (total) | (total) | (total) | (total) | (total) | (total) |

## Chemicals Used

**(report fluoride info on separate fluoride form)**

| Number | Chemical Name | Purpose | Chemical Strength |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

## Summary of Total Coliform Bacteria Rule - please continue to submit complete results

| | | | |
|---|---|---|---|
| Number of routine samples taken: | | Number of positive samples: | |
| Number of routine samples required: | | Number of repeat samples taken: | |