

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

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

County: _____ Town, Village or City: _____ Source Water Type(s): Surface

Reporting Month/Year: _____ Date Report Submitted: _____

- Ground
- GWUDI
- Purchase with subsequent chlorination
- Purchase w/out subsequent chlorination
- 4 log treatment required

Date	Source(s) in use	Treated water volume (GALLONS/DAY)	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)			
			Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)								
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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: _____

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

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

Signature: _____ Date: _____ Operator Grade Level: _____

