

Public Water System Name	Reporting Month/Year <u> </u> / <u>20</u> / <u> </u> <small>MM Y Y Y Y</small>	Date Report Submitted <u> </u> / <u> </u> / <u>20</u> / <u> </u> <small>MM DD Y Y Y Y</small>	Source Water Type (s) <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID NY _____	County	Town, Village or City	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination			Free chlorine residual at entry point (mg/l)	Other Treatments / Readings			
			Gaseous		Liquid					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)					
1										
2										
3										
4										
5										
6										
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28										
29										
30										
31										
TOTAL										
AVG.										

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock.

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

Signature: _____ Date: _____ Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. Routine 2. Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Population Served: _____

Number of microbiological monitoring samples required: _____

Number of microbiological monitoring samples taken: _____

Did an M&R violation occur? Yes No

If "Yes," check reason (s) below:

___ Actual number of samples is fewer than required
 ___ Did not collect/analyze repeat sample
 ___ Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

Did an MCL violation occur? Yes No

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

___ For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

___ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

___ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.

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 10th calendar day of the next reporting period.

Sample Collector(s): _____

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe: _____

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain: _____

Comments: _____