Monthly Operating Report
System Type - Small GW systems that have corrosion control treatment

System Name:

PWSID#:

Designated operator name:

ME License #:

e-mail address:

Reporting period (month and year):

Signature: _____Date:_____

System Information

List any operation problems or comments:

List any new or changed system information (treatment, sources, operators, address, telephone number, etc.):

Summary of Total Coliform Bacteria Rule

# of routine samples:		# of repeat samples taken:	
# of positive samples:		Average Cl_2 residual at sites:	

QUARTERLY DISTRIBUTION water quality parameter data (if applicable):

Chemical usage

Daily water production

Date	Gallons pumped	pH	Cl_2 residual			Chemical Name →					
			mg/L	mg/L	mg/L	Units →					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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25											
26											
27											
28											
29											
30											
31											
Summary	(total)	(avg.)	(min.)	(avg.)	(avg.)		(total)	(total)	(total)	(total)	(total)

Chemicals Used - report fluoride data on separate form (MOR-008)

Chemical Name	Purpose	Target Level in Water	Chemical Strength