Monthly Operating Report System Type - Small GW systems that have corrosion control treatment						System Information							
System Name:						List any operation problems or comments:							
						·							
PWSID#:													
Designated operator name: ME License #:					List any new or changed system information (treatment, sources, operators, address, telephone number, etc.):								
e-mail address:													
Reporting period (month and year):								10 11					
					Summary of Total Coliform Bacteria Rule # of routine samples: # of repeat samples taken:								
Signature:Date:					# of positive samples: Average Cb residual at sites:								
QUARTERLY DISTRIBUTION water quality parameter						applicable):	Chemical usage						
Daily water production							_ Chemical Name						
Classidus							lame						
Date	Gallons pumped	рН	Cl ₂ residual	mg/l	L	mg/L	Units -						
1 2				Ŭ									
3													
<u>4</u> 5													
6													
7 8													
9 10													
11													
12 13													
14													
15 16													
17 18													
19													
20 21													
22													
23 24													
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 Na	ame	Purp	oose		Target Level in Water				Chemical Strength			