

# Monthly Operating Report

## System Type - All SW and GUI

### System Information

Treatment plant/pump station:

System Name:

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PWSID#:

 Designated operator name and  
ME License #:

Comments:

e-mail address:

Reporting period (month and year):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Daily water production

Date	Mgals pumped	Peak hourly flow (GPM)	filt. or finish pH	Dis. log inactivation
1				
2				
3				
4				
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.)	(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
(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