

MONTHLY OPERATING REPORT (Population >3,300)

PWS ID: _____ PWS Name: _____ Month/Year: _____

Entry Point: _____ Required Minimum Cl (mg/l): _____

<u>Date</u>	<u>Lowest measured free & total chlorine concentration (mg/l) with pump running</u>	<u>Duration of low chlorine (hrs)</u>	<u>COMMENTS</u>
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			

Did continuous monitoring equipment fail at any time this reporting month? _____
 If so, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? _____ (Attach grab sample results to this form)

Date continuous monitoring equipment failed: _____ Date returned to service: _____

Operator Certification: I, being the designated operator of the above named system, do hereby certify the above operating report to be a true and accurate recording for the noted reporting month.

 Certified Operator Signature

 Date

(See Reverse for additional information)

Compliance Monitoring Points to Remember:

How to Submit MORs: You must submit the monthly operating report by the 5th of the month following the reporting month to GWR compliance: 601-576-7800 (fax), water.gwr@msdh.ms.gov (email), PO Box 1700 Water Supply Jackson, MS 39215 (mail).

Note: If the "lowest measured free chlorine concentration (mg/l) with pump running" is less than the Required Minimum, the minimum must be restored within 4 hours.

Note: If the chlorine monitor fails, but the well is still running, then manual grab samples must be collected every 4 hours, AND the monitor must be repaired or replaced within 14 days.