NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report
For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name: _____ Public Water System ID: NY ___ ___ ___ ___ ___ ___ ___

County: _____ Town, Village or City: _____ Source Water Type(s): ☐ Surface ☐ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination ☐ 4 log treatment required

Reporting Month/Year: _____ (MM/YYYY) Date Report Submitted: _____ (MM/YYYY)

			CHLORINATION				ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)						
Date	Source(s) in use	Treated water volume (GALLONS/DAY)	Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)		UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)		
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AVG												

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

Date UV quartz sleeve last cleaned: _____ (MM//DD/YY) Date UV lamp replaced: _____ (MM//DD/YY)

Alarm activation: ☐ No ☐ Yes If "Yes," date of activation: _____ (MM//DD/YY) Required Treatment Residual Level: _____ mg/l

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

Signature: _____ Date: _____ (MM//DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED	Total Coliform Positive Y	Total Coliform Positive N	E. coli Positive Y	E. coli Positive N	Free Chlorine Residual (mg/l)
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Population Served: _____

Number of microbiological monitoring samples required: _____

Number of microbiological monitoring samples taken: _____

Did a 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

Was triggered source water monitoring required? ☐ Yes ☐ No

Did a 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 unless waived (to minimum of one sample) in writing by the local health department.

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 : _____