

Public Water System Name	Reporting Month/Year  ___/20___ MM YYY Y	Date Report Submitted  ___/___/20___ MM DD YYY Y	Source Water Type (s)  <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
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Public Water System ID NY _____	County	Town, Village or City
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DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination			Free chlorine residual at entry point (mg/l)	Other Treatments / Readings			
			Gaseous		Liquid					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)					
1										
2										
3										
4										
5										
6										
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29										
30										
31										
<b>TOTAL</b>										
<b>AVG.</b>										

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

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_ NYSDOH Operator Certification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Operator Grade Level: \_\_\_\_\_

## Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. Routine 2. Repeat	Total Coliform Positive		E.coli Positive		Free Chlorine Residual (mg/l)
			YES	NO	YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Population Served:** \_\_\_\_\_

**Number of microbiological monitoring samples required:** \_\_\_\_\_

**Number of microbiological monitoring samples taken:** \_\_\_\_\_

**Did an 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

**Did an 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.

**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 10<sup>th</sup> 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_