## NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Water Supply Protection

Public Wa	blic Water System Name:						Public Water System ID: NY						
County: Reporting Month/Year:			<ul> <li>Source Water Type(s): Surface</li> <li>Ground</li> <li>GWUDI</li> <li>Purchase with subsequent chlorination</li> <li>Purchase w/out subsequent chlorination</li> <li>4 log treatment required</li> <li>ULTRAVIOLET RADIATION/OTHER TREATMENTS</li> </ul>										
			Gaseous Liquid			Free							
Date	Source(s) in use	Treated water volume (GALLONS/DAY)	Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)	chlorine residual at entry point (mg/l)	UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)			
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27													
28 29													
30													
31													
TOTAL													
AVG													
		t cleaned:		s/gallons of .	Date UV lamp rep	la and	orine adde	d to		ga	llons of wa	ter in crock.	
Alarm act	ivation: 🗌 No	Yes If "Ye	s," date of ac	tivation:	MM//DD/YY	R	equired Tre	eatment Res				mg/l	
Reported	by:				Title:			Cert	5DOH Oper tification N	umber:			
Signature	:					Date:	MM//DD/YY	Ope	erator Grad	e Level:			

## Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED	Total Coliform Positive Y N	E. coli Positive Y N	Free Chlorine Residual (mg/l)	Population Served:
						Number of microbiological monitoring samples taken:
						Did a M&R violation occur?
						If "Yes," check reason (s) below:
						Actual number of samples is fewer than required
						Did not collect/analyze repeat sample
						<ul> <li>Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample</li> </ul>
						Was triggered source water monitoring required?
						Did a MCL violation occur?
						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).
						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, plea						
Did an emergency or low pressure prob	lem occur?	Did source	water bypa	ass an exis	ing treatme	ent process in the system? If so, please explain:
Comments :						