

## 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

Reporting Month/Year: \_\_\_\_\_ Date Report Submitted: \_\_\_\_\_  
MM/YYYY MM/YYYY

- Ground
- GWUDI
- Purchase with subsequent chlorination
- Purchase w/out subsequent chlorination
- 4 log treatment required

Date	Source(s) in use	Treated water volume (GALLONS/DAY)	CHLORINATION				ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)		
			Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)							
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31												
TOTAL												
AVG												

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

Date UV quartz sleeve last cleaned: \_\_\_\_\_ Date UV lamp replaced: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Alarm activation:  No  Yes If "Yes," date of activation: \_\_\_\_\_ Required Treatment Residual Level: \_\_\_\_\_ mg/l  
MM/DD/YY

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Operator Grade Level: \_\_\_\_\_  
MM/DD/YY

