Monthly Operating Report
System Type - All GW systems

System Name:

PWSID#:

Designated operator name and ME License #:

e-mail address:

Reporting period (month and year):

Signature: Date:

System Information

Treatment plant/pump station:

Select one

Community System → ☐

Non-transient Non-community → ☐

Transient Non-Community → ☐

List any new or changed system information (facilities, treatments, sources, operators, address, tele, ect.):

List any operation problems or comments:

Daily water production

Date	Mgals pumped	Peak hourly flow (GPM)	filt. or finish pH	Dis. log inactivation
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				
Summary				
	(total)	(avg.)	(avg.)	(min.)

From table below:

List units: (i.e. lbs, gal)

Reporting dis. log inactivation is optional.

If only able to report monthly total, enter it on this line.

Chemical usage

1	2	3	4	5	6	Disinfectant Residual
						mg/L
(total)	(total)	(total)	(total)	(total)	(total)	(min.)

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1			
2			
3			
4			
5			
6			
Disinfectant			

Summary of Total Coliform Bacteria Rule - please continue to submit complete results

Number of routine samples taken:		Number of repeat samples taken:	
Number of positive samples:		Average Chlorine residual at sites:	