

Drinking Water and Groundwater Protection Division

**Monthly Operations Report
for Groundwater Systems and Systems Purchasing Water**

For the Month of _____ 20__ WSID# _____ Name of Water System _____
Town/City _____ Operator Name _____ Phone: _____

Please provide the following information:

1. Is a master meter which measures total water production of the system installed and functioning?
YES NO
2. Meter reading on last day of reporting month: _____ Gallons
3. Meter reading on last day of previous month: _____ Gallons
4. Difference in readings: _____ Gallons
5. Have the results of all water quality compliance analyses performed during this month been submitted to the Water Supply Division? YES NO

(If NO, please submit a copy of all results with this monthly report.)

6. If you disinfect, fluoridate or otherwise treat your water on any day of the month, or if your operating permit requires that you report daily values of flow (or other) you must also complete the reverse side of this form.
7. For systems with population greater than 3,300, continuous monitoring for free chlorine residuals is required:
 - Did continuous monitoring equipment fail at any time this month? YES NO
 - If yes, were grab samples collected every 4 hours until continuous monitoring equipment was returned to service? YES NO

_____ Date & _____ Time equipment failed

_____ Date & _____ Time it was returned to service

I certify, as the **owner or authorized representative*** of this water system, that I have completed this form, or reviewed it if completed by another, and that I have taken the necessary steps to ensure that the information shown is correct. In making this certification, I understand that civil and or criminal penalties may be imposed for submitting false information.

Signature

Date

Please Type or Print Name

***Owner** means the person who owns or has an ownership interest in a Public or Non-public water system. An Owner may designate an **Authorized Representative** that has the authority to act on the owner's behalf in all matters regarding the Public or Non-public water system, and is designated to be the contact person in place of the owner for all communications from the Secretary regarding the water system. A form designating an authorized representative and signed by the Owner must be on file with the Drinking Water and Groundwater Protection Division.

Groundwater Systems and Systems Purchasing Water

For the Month of _____ 20__ WSID# _____ Name of Water System _____

Minimum free chlorine residual required for 4 Log viral inactivation (mg/l):

Day of Month	Water Production	Disinfection/Chlorination (Free CL, in mg/l)		Fluoride (mg/l)	pH (Only if providing corrosion control)
		Metered Values (Gallons/Day)	Entry Point Daily Low ¹		
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					
Totals		NA	NA	NA	NA

Note: ¹ Daily low for systems with continuous monitoring. Others – during the hour of peak flow.

***Please submit this form within 10 days after the end of the month to the following address:**

Drinking Water and Groundwater Protection Division
 1 National Life Drive, Davis 4
 Montpelier, VT 05620-3521
 Phone 802-828-1535
 Fax 1-802-828-1541

This form is available electronically at www.dec.vermont.gov/water