



VERMONT

ENVIRONMENTAL CONSERVATION

FORM

Water Supply Division

Monthly Operations Report for Groundwater Systems and Systems Purchasing Groundwater

For the Month of _____ 200__ 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 (If YES, please complete items 2-6; if NO, skip to item 5)
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
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.

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 Water Supply Division.

Day of Month	Water Production	Disinfection/Chlorination (Free CL, in mg/l)		Fluoride (mg/l)	Other (Describe)
	Metered Values (Gallons/Day)	Entry Point Daily Low	Distribution System	Entry Point	
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
Average	NA	NA		NA	NA

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

Honorable Jim Douglas, Governor Jonathan Wood, ANR Secretary Laura Pelosi, DEC Commissioner
This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

Water Supply Division
103 South Main Street
Waterbury, VT 05671-0403
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-241-3284