



VERMONT

ENVIRONMENTAL CONSERVATION

FORM

Water Supply Division

Vermont Monthly Water System Operations Report For Filtered Surface Water Systems

For the Month of _____ 200__ WSID# _____ Name of Water System _____

Town/City _____ Operator Name _____ Phone: _____

Total Water Production (in gallons) for the month. _____ Total monthly Fluoride (mg/l) _____

The credited volume (in gallons) for disinfection before the first service (VO) _____

Day	Water Production/Demand		Turbidity (N.T.U.)			Disinfection (mg/l)		Fluoride (mg/l)	pH		Temp. (C)	CT
	Production (Gallons/Day)	Peak Hourly Flow, (Q) (Gallons/Minute)	Raw (daily avg.)	Combined Filtered (daily avg.)	Individual Filtered (daily high)	Plant (Lowest Residual)	Distribution (Lowest Residual)	Plant (Highest Residual)	Finished avg. daily	Finished avg. Daily		(VO/Q)xC
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												

I certify, as the 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 _____

*"Authorized Representative" means the owner, co-op president, elected official, or other person with general management, financial, operational and maintenance responsibilities for a water system

I. Disinfection Reporting Requirements:

- 1. Record the date and duration of each period when the residual disinfectant concentration of water entering the distribution fell below 0.2 mg/l and when the state was notified of the occurrence (provide detail separately)

YES NO Was the duration longer than 4 hours?

- 2. Number of instances where the residual disinfectant concentration was measured in the distribution system but not detected. _____

II. Turbidity Reporting Requirements:

- 1. Number of monthly turbidity measurements taken for combined filtered water: _____

Note: If continuously monitoring turbidity please indicate here "continuous".

- 2. The number and percentage of combined filtered water turbidity measurements taken during the month which are:

A. Less than or equal to the Maximum Contaminant Level specified below: _____, _____%

B. Less than or equal to the target turbidity guidelines specified below: _____, _____%

(If monitor continuously, enter percent only)

Maximum Contaminant Level (NTU)	
Conventional or Direct Filtration	0.3
Slow Sand Filtration	1.0

Target Turbidity Guidelines (NTU)	
Raw Water (NTU)	Target – Finished Water (NTU)
>1.0	<0.3
>0.5 to 1.0	70% Reduction
<0.5	Demonstrate effective coagulation

Note: These turbidity ranges do not apply to some filtered systems (e.g. Slow Sand Filters)

- 3. The date and value of any turbidity readings during the month which exceed 1 NTU in combined filtered water. (provide details separately)

III. Treatment Operating Status: Removal/Inactivation:

YES NO Did the water system consistently achieve 99.9% (3 log) removal and/or inactivation of Giardia Lambillia cysts and 99.99% (4 log) removal and/or inactivation of viruses for this reporting month?

(The answer is yes only if the water system meets the CT disinfection goal daily during peak hourly flow, and turbidity is less than Maximum Contaminant Level in 95% of the turbidity measurements taken.)

IV. Compliance Status:

(If no is indicated for any of the following statements, provide detail separately.)

- YES NO 1. Disinfectant residual entering the distribution system was 0.2 mg/l or greater during entire month.
- YES NO 2. The "CT" goal was met each day for the entire month during peak hourly flow.
- YES NO 3. Disinfectant residual, pH and temperature at entry point to distribution system met minimum monitoring requirements during entire month.
- YES NO 4. Greater than 95% of turbidity samples of combined filter effluent were less than or equal to 0.3 NTU.
- YES NO 5. At no time during the month did the combined filter effluent exceed 1.0 NTU.
- YES NO 6. Minimum monitoring requirements for combined filter effluent were met this month.
- YES NO 7. Minimum monitoring requirements for each individual filter were met, and no individual filter had turbidity greater than 1.0 NTU in any two consecutive 15 minute periods during the entire month.

★ Please submit this form within 10 days after the end of the month to the following address, Attn: Mary Triplett.

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