

**GROUNDWATER MONTHLY OPERATION REPORT
FOR SYSTEMS PROVIDING 4-LOG VIRUS INACTIVATION
IOWA DNR WATER SUPPLY**

Facility Name: _____

PWSID Number: _____

Treatment Plant #: _____ S/EP #: _____

Month: _____ Year: _____

IDNR set minimum chlorine residual for 4-log virus inactivation:

Day	Pumpage to system in thousands of gallons	Quantity Used lbs. or gals. (circle one)	Chlorine								Fluoride			Day		
			Free Chlorine (mg/L)				Total Chlorine (mg/L)				4-log		Quantity Used lbs. or gals. (circle one)		Raw (mg/L)	S/EP (mg/L)
			At Plant		In System		At Plant		In System		Contin- uous (C) or Grab (G) sample	Lowest Meas- ured Residual				
			# of Tests	Avg.	# of Tests	Avg.	# of Tests	Avg.	# of Tests	Avg.						
1															1	
2															2	
3															3	
4															4	
5															5	
6															6	
7															7	
8															8	
9															9	
10															10	
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25															25	
26															26	
27															27	
28															28	
29															29	
30															30	
31															31	
Total															Total	
Avg.															Avg.	
Max.															Max.	
Min.															Min.	

Percentage of available chlorine in compound applied: _____ %

I certify that I am familiar with the information contained in this report and that the information is true, complete, and accurate.

DRC Operator or Designee's Signature: _____

Certificate #: _____

Grade: _____ Date: _____

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Facility Name: _____ PWSID Number: _____
 Treatment Plant #: _____ S/EP #: _____ Month: _____ Year: _____

1. Complete this section if your system uses continuous chlorine monitoring:

a. Did the chlorine residual at any time fall below the IDNR required minimum? Yes No
 If you answered yes to above, complete columns 1 & 2 in the table below.

b. Was the state minimum residual restored within 4 hours? Yes No
 If the IDNR set minimum free chlorine residual is not restored within 4 hours the system must notify the IDNR as soon as possible but by no later than the end of the next business day. Complete columns 3 & 4 in the table below.

1. Date/Time	2. Duration (hours)	3. Date and Time IDNR Notified	4. Person Notified

c. If continuous monitoring equipment failed at any time during this reporting month record event information below.

If yes,

Returned to service?

Date	Time

Date	Time

d. Were grab samples collected every 4 hours until the equipment was returned to service? Yes No

2. Complete this section if your system uses daily peak hourly flow chlorine monitoring:

a. Did the chlorine residual at any time fall below the IDNR required minimum? Yes No
 If you answered yes to above, complete columns 1 & 2 in the table below.

b. Were grab samples collected every 4 hours until the residual level returned to the IDNR required minimum? Yes No

c. Was the IDNR set minimum residual restored within 4 hours? Yes No
 If the IDNR set minimum free chlorine residual is not restored within 4 hours the system must notify the IDNR as soon as possible but by no later than the end of the next business day. Complete columns 3 & 4 in the table below.

1. Date/Time	2. Duration (hours)	3. Date and Time IDNR Notified	4. Person Notified

3. Complete this section if your system uses a tank for contact time compliance:

a. Did the water level in the tank fall below the IDNR required minimum of _____ ft. ? Yes No
 If you answered yes to above, complete columns 1 & 2 in the table below.

If steps were taken to compensate for the low water level to still meet the 4-log inactivation (i.e., increased free chlorine residual) attach documentation explaining these steps.

b. Was the minimum water level restored within 4 hours? Yes No
 If the IDNR set minimum water level is not restored within 4 hours the system must notify the IDNR as soon as possible but by no later than the end of the next business day. Complete columns 3 & 4 in the table below.

1. Date/Time	2. Duration (hours)	3. Date and Time IDNR Notified	4. Person Notified