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

								Ра	ge 1 c	of 3							
Facility Name: PWSID								PWSID	Number:								
	T	reatment	Plant #:			S/EP #:						Year:					
		Write	the DN	R-assi	gned 4	-log pa	rame	ters fro	m yo	ur ope	ration	permit	in the b	lue box.			
	Pumpage	Peak					С	hlorine	<del></del>					F	luoride	!	
		Hourly	Quantity	Fre	e Chlor	ine (mg/				rine (mg	g/L)	4-	log	Quantity		S/EP	1
D		Flow	Used	At F	At Plant		In System		At Plant		In System		Lowest	Used	Raw	3/EP	D
а	to system in thousands of	Rate	pounds									Contin- uous (C)		pounds			а
У	gallons		or	# of	Avg.	# of	Avg.	# of	Avg.	# of	Avg.	or Grab	ured	or	mg/L	mg/L	У
		(gpm)	gallons	Tests	, g.	Tests	,g.	Tests	,g.	Tests	,g.	(G) sample	Residual (mg/L)	gallons	g/ =	g, _	
			(circle)										( 3 /	(circle)			
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## **GROUNDWATER MONTHLY OPERATION REPORT** FOR SYSTEMS PROVIDING 4-LOG VIRUS INACTIVATION **IOWA DNR WATER SUPPLY**

Page 2 of 3

Fa	cility Name:			PWSI	PWSID Number:								
	Treatm	nent Plant #:		S/EP #:			Month:		Year:				
			parameters fro			he blue box			•				
***	e the Bitit as	signed + log		in your operat	ion porimit in t	ne blue box.							
	Highest Measured	Minimum Clearwell	sature*				Maximum Residual Disinfectant Level (MRDL) Calculation						
D a	Maximum pH*	Depth*	Temperature*				Actual	Number of Samples	Monthly	Running Annual			
У	(finished water)	(feet)	(°C)				Month /Year	Used in Calculation	Average (mg/L)	Average (RAA)* (mg/L)			
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4													
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6													
7													
8													
9				<del>                                     </del>									
10													
12				<b>†</b>									
13													
14							Calculation	of maximum dis	sinfectant residu	ual is based			
15								nthly average of					
16							measured at the same time compliance bacteria samples are collected (includes Routine and Repeat						
17								ut excludes Spe	cials). *Should				
18 19								4.0 n	ng/L.				
20				1			The RAA must be calculated at the end of each						
21				1			calendar quarter and include the previous 12 months.						
22													
23							187 -		(f = = t)				
24								er Levels (	reet)				
25 26							Date: Well #	Static	Pumping	l			
27				<del> </del>			11011 #	Clatio	. amping				
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Avg.													
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	Comments:												

<sup>\*</sup>Only required if the system has set limits as part of the system's 4-log approval

<sup>\*\*</sup> Only if required in the operation permit

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

Page 3 of 3

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 DNR required minimum? Yes No By our answerd yet so above, complete columns 1 & 2 in the table below.  b. Was the state minimum recidual restored within 4 hours? If the DNR-set minimum recidual residual is not restored within 4 hours the system must notify the DNR as soon as possible but by no later than the end of the read business day. Complete columns 3 & 4 in the table below.  1. Date/Time 2. Duration (hours) 3. Date and Time DNR Notified 4. Person Notified  2. El continuous monitoring equipment falled at any time during this reporting month, record the event information below.  If yes Date Time Returned to service? Date Time  4. 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 dail below the DNR-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 inturned to the DNR- regulared minimum?  C. Was the DNR-set minimum rise chlorine residuals in our testored within 4 hours. Yes No  If the DNR-set minimum rise chlorine residuals is not restored within 4 hours, the system must notify the DNR 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 DNR Notified 4. Person Notified  4. Person Notified  4. 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?  Yes No  If the DNR-set minimum water level to sell mine the 4-log inactivation (i.e., increased free chlorine residual), attach documentation explaining these steps.  b. Was the minimum water lev		F	acility Name: _			PWSID I	Number:						
a. Did the chlorine residual at any time fall below the DNR required minimum?  If you answered yes to above, complete columns 1 & 2 in the table below.  b. Was the state minimum residual restored within 4 hours?  If the DNR-set minimum free chlorine residual is not restored within 4 hours the system must notify the DNR 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 DNR Notified 4. Person Notified  c. If continuous monitoring equipment failed at any time during this reporting month, record the event information below.  If yes, Date Time Returned to service? 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 DNR-required minimum?  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 DNR-required minimum?  C. Was the DNR-set minimum residual restored within 4 hours? Yes No  If the DNR-set minimum residual restored within 4 hours? Yes No  If the DNR-set minimum free chlorine residual is not restored within 4 hours, the system must notify the DNR 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 DNR Notified 4. Person Notified  4. Person Notified  4. Person Notified  4. Person Notified  4. Person Notified  5. Complete this section if your system has a maximum peak flow rate:  a. Did the maximum pater level to stored within 4 hours the system must notify the DNR 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 DNR Notified 4. Person Notified  4. Complete thi	Tr	eatn	nent Plant #: _		S/EP #:	Month	Month:Year:						
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	5.		-		•	· · · · ·	Yes No						

**6. Were any treatment components taken out of service?** If so, how did you meet 4-log? Describe on a separate sheet.

Date: June 2013 IDNR Form #: 542-0038