#### SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT **IOWA DNR WATER SUPPLY**

**Basic Information** 

S/EP:
-------

Syste	em Name:					PWSID #:				Month:			Year:	
	Operating	Pum	page	Fluo	ride	Raw		Settled 1						
	Hours					Turbidity	(individ	lual sedin	nentation	basin)				
D a y	Number of hours the plant operated per day.	Raw in 1,000s Gallons Per Day	To System in 1,000s Gallons Per Day	Quantity Used in lbs. or gal. (circle one)	Finished Water (mg/L)	Highest Daily Reading (NTU)	Highest Daily Reading Sed 1 (NTU)	Highest Daily Reading Sed 2 (NTU)	Highest Daily Reading Sed 3 (NTU)	Highest Daily Reading Sed 4 (NTU)				
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26														
27														
28														
29														
30														
31														
Total	0	0	0	0							0	0	0	0
Avg														
Max														
Min														

I certify that I am familiar with the information contained in this report and that the information	mation is true, complete, and accurate.	
DRC Operator or Designee's Signature:		
Certificate #:_	Grade:	Date:

## SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY

Disinfection/Oxidation Data Page

		-		 
System Name:	PWSID #:		Month:	Year:
S/EP:				

M	em rame			Chlorine					СТ	Chlorine	Chlorite	Quant	ity of Disinfe	
	Sc	ource/Entry	y Point (S/I	EP)		Distril	oution		1	Dioxide			Used	
D a y	Number of Tests Taken*	Specify Free (F) or Total (T)	Lowest Measured Residual (mg/L)	Continuous Hours Less than 0.3 mg/L Free or 1.5 mg/L Total	Number of Tests Taken	Lowest Measured Residual (mg/L) Circle One T or F	Number with Undetected Residual	Highest Measured Residual (mg/L)	Ratio of CT Obtained to CT Required***	At S/EP** (mg/L)	At S/EP** (mg/L)	Chlorine Dioxide in lbs. or gals. (circle one)	Chlorine in lbs. or gals. (circle one)	
1														
2														
3														
4														
5														
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25														
26														
27														
28														
29														
30														
31														
Total														
Avg														
Max														
Min														

<sup>\*</sup>If continuous monitoring of chlorine is provided, enter "C" in the space provided.

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

DRC Operator or Designee's Signature:	•	
DNC Operator of Designee's Signature.		
Certificate #:	Grade:	Date:

<sup>\*\*</sup>If chlorine dioxide MRDL of 0.8 mg/L or daily chlorite MCL of 1.0 mg/L is exceeded, then "Chlorine Dioxide/Chlorite Supplemental Monitoring Form" must be completed.

<sup>\*\*\*</sup>Must be calculated daily and the ratio of CT Obtained to CT Required must be greater than or equal to 1.0 on a daily basis.

# SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY Turbidity Data Page 1 of

C/	EP:	
31	LF.	

Syst	em Nam	e:					PW	/SID #:				Ν	/lonth:				Year:		
	Combir	ned Filter E	Effluent							Indiv	idual Fi	ilter Eff	luent						
					#	† <b>1</b>			#	2			#	3			#	‡ <b>4</b>	
D a y	Number of Readings Taken*	Number of Readings >0.3 NTU	Highest Daily Reading (NTU)	Results anytime		Daily Highest (NTU)	# of Consec Results >1.0 NTU	Higl Consecu Results > anytime Hours fr Up or Ba	tive NTU ·0.5 NTU · after 4 om Start	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Consecu Results >	0.5 NTU after 4 om Start	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Consecu Results > anytime Hours fr	hest tive NTU >0.5 NTU e after 4 om Start ackwash	Daily Highest (NTU)	# of Consec Results >1.0 NTU
1																			
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3																			
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30																			
31																			
Total																			
Avg																			
Max																			
Min																			
*If cor	itinuous mo	nitoring of t	urbidity is p	rovided, r	neasurem	ents must	t be record	ded at equ	al time in	tervals at	least once	every 4 h	ours, or h	ourly for p	olants witl	n populati	on >100,0	)00.	

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

DRC Operator or Designee's Signature:			
Certificate #:	Grade:	Date:	

# SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY Turbidity Data Page 2 of

							Indi	vidual F	ilter Eff	luent						
		#	<b>#</b> 5			1	<del>#</del> 6				<b>#7</b>			#	‡8	
D a y	Consecu Results > anytime Hours fr	hest tive NTU >0.5 NTU e after 4 om Start ackwash	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Results anytime	hest tive NTU >0.5 NTU e after 4 om Start ackwash	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Consecu Results a anytime Hours fr	hest tive NTU >0.5 NTU e after 4 om Start ackwash	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Results : anytime Hours fr	hest tive NTU >0.5 NTU e after 4 om Start ackwash	Daily Highest (NTU)	# of Consec Results >1.0 NTU
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# SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT

			_			SUPPLY	•						
S/EP:			3	ummar	y Page 1	LOTZ							
<del></del>				DI	AICID #.				ONTU				VEAD.
SYSTEM NAME:				. P\	WSID #:			·	IONTH:			•	YEAR:
. DISINFECTANT RESIDUAL ENTE	RING THE DISTRIB	UTION SY	STFM:										
a. How many times did the resid				water Fi	NTFRING t	the distrib	ution syst	em fall b	elow 0.3 m	ng/L of fr	ee chlorin	<b>e</b> .	
or 1.5 mg/L of total chlorine f					]		u			.6/ = 0		٠,	
b. Date and duration of each oc	ccurrence:				1								
	Date	Dura	ation (Ho	urs)		Date and	Time DN	R Notifie	ŀ		Person	Notified	
DISINFECTANT RESIDUAL WITH	HIN THE DISTRIBUT	ION SYST	EM:										
a. Number of times that the disi	infectant residual w	vas measu	ired in th	e system:	:								
b. Number of times the disinfect	tant residual <i>WAS</i>	<i>NOT</i> mea	sured bu	t where t	he HPC w	as measu	red:						
c. Number of times the disinfect	tant residual was m	neasured l	but <i>NOT</i>	detected	and no H	PC was m	easured:						
d. Number of times the disinfect	tant residual was n	neasured	but <i>NOT</i>	detected	and the H	HPC was g	reater tha	an 500/m	l:				
e. Number of times where the d	disinfectant residua	WAS NO	<b>)T</b> measi	red and t	he HPC w	as greate	r than 500	D/ml:					
					Fron	n above C	alculate V	′ = [(C+D+	E) / (A+B)]	x 100%:		%	
								For	E) / (A+B)] last mont ny two co	h, V was:		% %	
. CALCULATION OF MAXIMUM R	RESIDUAL DISINFE	CTANT LEV	VEL (MRI	DL):				For	last mont	h, V was:			
Calculation of max	imum disinfectant	residual is	s based o	n the mo	nthly aver	(V must r	ot exceed	For d 5% for a lorine res	last monti ny two co idual mea	h, V was: nsecutive	months)	% time comp	
Calculation of max	imum disinfectant es are collected (inc	residual is ludes repe	s based o eat/chec	n the mo	nthly aver	(V must r rage of the	ot exceed e <u>Total</u> ch als) or inc	For a 5% for a lorine resolude the S	last monti ny two co idual meas s/EP chlori	h, V was: nsecutive sured at t ne monit	months)	% time comp	
Calculation of max	imum disinfectant es are collected (inc	residual is ludes repe	s based o eat/chec	n the mo	nthly aver	(V must r rage of the	ot exceed e <u>Total</u> ch als) or inc	For a 5% for a lorine resolude the S	last monti ny two co idual mea	h, V was: nsecutive sured at t ne monit	months)	% time comp	
Calculation of maxi bacterial sample	imum disinfectant es are collected (inc	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monti ny two co idual meas S/EP chlori s 12 monti	h, V was: nsecutive sured at t ne monit hs.	he same to	% time comp e RAA mu:	st be
Calculation of maxi bacterial sample Ac	timum disinfectant es are collected (inc calcu	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monti ny two co idual meas S/EP chlori s 12 monti	h, V was: nsecutive sured at t ne monit hs.	he same to	% time comp e RAA mu:	st be
Calculation of maxi bacterial sample Ac	imum disinfectant es are collected (inc calcu ctual Month/Year:	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monti ny two co idual meas S/EP chlori s 12 monti	h, V was: nsecutive sured at t ne monit hs.	he same to	% time comp e RAA mu:	st be
Calculation of maxi bacterial sample Ac	imum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.:	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monti ny two co idual meas 6/EP chlori 5 12 monti 8	h, V was: nsecutive sured at t ne monit hs.	the same to oring. The	% e RAA mus  11	st be
Calculation of maxi bacterial sample Ac	imum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.:	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% e RAA mus  11	12
Calculation of maxi bacterial sample Ac # of sam	imum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.:	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% time compe RAA must 11 e (RAA)*:	12
Calculation of maxi bacterial sample Ac # of sam FINISHED WATER TURBIDITY:	simum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.: Monthly Avg.:	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% time compe RAA must 11 e (RAA)*:	12
Calculation of maxibacterial sample  Ac # of sam  FINISHED WATER TURBIDITY:  a. Number of turbidity readings to	simum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.: Monthly Avg.:	residual is ludes repe lated at th	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% time compe RAA must 11 e (RAA)*:	12
Calculation of maxibacterial sample  Ac # of sam  FINISHED WATER TURBIDITY:  a. Number of turbidity readings to b. Number of readings greater the	es are collected (inc calcu ctual Month/Year: nples used in calc.: Monthly Avg.: taken:	residual is ludes repo lated at th 1	s based o eat/chec he end o	n the mo k samples f each cal	nthly aver but exclu	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% time compe RAA must 11 e (RAA)*:	12
Calculation of maxi bacterial sample Ac # of sam	cimum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.: Monthly Avg.: taken: than 0.3 NTU:	residual is ludes repe lated at th 1	s based of eat/check he end of 2	n the mo	nthly aver but excluendar qua 4	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% time compe RAA must 11 e (RAA)*:	12
Calculation of maxibacterial sample.  Act # of sam  FINISHED WATER TURBIDITY:  a. Number of turbidity readings to b. Number of readings greater the c. Percent of readings less than continuous process.	cimum disinfectant es are collected (inc calcu ctual Month/Year: nples used in calc.: Monthly Avg.: taken: than 0.3 NTU:	residual is ludes repe lated at th 1	s based of eat/check he end of 2	n the mo	nthly aver but excluendar qua 4	(V must r rage of the ides speci irter and i	ot exceed e <u>Total</u> ch als) or inc nclude the	For d 5% for a lorine res lude the s e previou	last monting two considual meas 6/EP chloris 12 monting 8	h, V was: nsecutive sured at t ne monit hs. 9	the same to oring. The	% time compe RAA must 11 e (RAA)*:	12

Date	Duration (Hours)	Date and Time DNR Notified	Person Notified

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 D	esignee's Signature:			
	Certificate #:	Grade:	Date:	

# SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY Summary Page 2 of 2

5. INDIVIDUAL FILTER EFFLUENT PERFORMANCE SUMMARY								
Criteria	Filter No.							
a. Number of days with event(s) after 4 hours above 0.5 NTU this month								
b. Number of days with event(s) above 1.0 NTU this month								
c. Number of days with event(s) above 1.0 NTU last month								
d. Number of days with event(s) above 1.0 NTU two month ago								
e. Total number of days with event(s) above 1.0 NTU in three months								
f. Number of days with event(s) above 2.0 NTU this month								
g. Number of days with event(s) above 2.0 NTU last month								
For events documented in Items a & b, a filter profile report must be produced	d within 7 days or provide explanation of cause of event.							
For events documented in Items e, a self-assessment report must be prepared	within 14 days.							
Date Triggered:	Date Completed:							
For events documented in Item g, a Comprehensive Performance Evaluation b	y the DNR or its designee is required within 30 days.							

### 6. CALIBRATION/VERIFICATION INFORMATION

#### a. Calibration

Instrument/Location	Date of Last Calibration
(Example: Hach 1720E/ Filter #1)	1/1/2018

**NOTE:** An "event" is considered to be two consecutive turbidity readings taken 15 minutes apart.

b. Verification	_
	Turbidimeters are used for compliance purposes.
	Turbidimeters were verified WEEKLY between calibrations and were within specification.
	(+/- 10% of the reading assigned to the reference material if greater than 0.5 NTU or +/- 0.05 NTU if less than 0.5 NTU)
	Turbidimeters were out of specification and the following corrective action was taken:

# SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY

### **Chlorine Dioxide/Chlorite Supplemental Monitoring Page**

S/EP:					_			
SYSTEM NAN		41.1. OL 1	PWSID#		MONTH:		YEAR:	
		-		le Daily MRD		nce		
	NOTE: This n	nonitoring	must follow t	he written sam	ipling plan.			
	Event:	1	2	3	4	5	6	
Date S/E	P sample exceeded 0.8 mg/L:							
	Measured Level:							
	_		1	1		1		
Event	Following days' results:	Date	Time	Location	Level			
1	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
_	Distribution (3):			3/ [1		Exceeded?	Violation	Violation*
						(Yes/No)	(Yes/No)	(Yes/No)
2	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):					Exceeded?	Violation	Violation
	_					(Yes/No)	(Yes/No)	(Yes/No)
	- /			0/55				
3	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):			+		Exceeded?	Violation	Violation*
	F					(Yes/No)	(Yes/No)	(Yes/No)
4	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
4	Distribution (3):			3/LF		Exceeded?	Violation	Violation*
	Distribution (5).					(Yes/No)	(Yes/No)	(Yes/No)
	F					(103/140)	(103/140)	(103/140)
5	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):					Exceeded?	Violation	Violation*
						(Yes/No)	(Yes/No)	(Yes/No)
6	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):					Exceeded?	Violation	Violation*
	F			1		(Yes/No)	(Yes/No)	(Yes/No)
	L							
*For each <b>Ac</b>	ute violation event, provide	the followi	ng informatio	n:				
	Event:	1	2	3	4	5	6	
	Date & Time DNR Notified:							
	Person Notified:							
<del>-</del>								•
		Monthly	Chlorite D	aily MCL Exc	ceedance			
=	P monitoring result exceed M		- :	-				
	distribution samples collected			or No)?				
	e average of the three distrib					i		
Was a non-ad	cute MCL violation incurred (	Yes or No)	?					
I certify that I a	am familiar with the information	contained i	n this report ar	nd that the infor	mation is true,	complete, and	accurate.	
	DRC Operat	tor or Design	nee's Signature	:				
		8	_		Crade.		Dat	
October 2018			certificate #	:	Grade:		Date:	FORM 542-8027

## SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT FORM IOWA DNR WATER SUPPLY SECTION

						ganic Carbon (TC						
S/EP:		=										
System Name:					_	PWSID #:			Month:		Year:	
		Nata Custom		to sun one TOC	Cample Cat ava	ery month. Addit						
		Note: System	is are required	rto run <u>one</u> roc	. sample set eve	ery month. Addi	tional space is p	irovided for thos	e systems that	ao additional Sai	ripiirig	
		Мо	nthly TOC Sam	ole Set					Option	nal data		
	D				Actual % TOC	Chara d Danwins d 0/						Compliance
	a t	Raw Alkalinity	Raw TOC	Treated TOC	Removed	Step 1 Required % Removal (from	Step 1 Removal Ratio (calculated)	Step 2 Required % Removal (attach	Step 2 Removal	ACC # used (attach	ACC Removal	Removal Ratio
	e				(calculated)	Matrix)		Step2 form)	Ratio (calculated)	ACC form)	Ratio (calculated)	(calculated)
						-						
	Avg.											
	Max.					-						
	Min.					1						
		•					•	•	•		•	
	_				MON.	THLY TOTAL OR	GANIC CARBON					
	Daw Mate	u Alledinike		Summary	Treeted	Mater TOC	TOC 9/	TOC % Remo	val Summary		TOC Ren	noval Ratio
	Kaw wate	er Alkalinity	Kaw w	/ater TOC	Treated	Water TOC	100%	Kemovai	кеди	rement		
				CALCU	LATION OF TOT	AL ORGANIC CA	RBON REMOVA	AL RATIO RUNNI	NG ANNUAL A	/ERAGE:		
				The RAA m	ust be calculate	ed at the end of e	each calendar q	uarter and includ	de the previous	12 months.		
			T	<u> </u>			T	1	<u> </u>	Г	T	T
	1	2	3	4	5	6	7	8	9	10	11	12
tual Month/Year: Monthly Avg.:												
Widnesty Avg					<u> </u>				Ru	nning Annual A	verage (RAA)*:	
											greater than or	equal to 1.00
	certify that	am familiar with	the information	n contained in this	s report and that	the information is	true, complete	and accurate.				
	, , , , , , , , , , , , , , , , , , , ,											
					DRO	C Operator or Desi	gnee's Signature:					
							Certificate #:		Grade:		Date:	

Step 1 TOC Removal Requirement MATRIX

Source-water TOC	Source-water alkalinity [mg/L as CaCO3] between									
[mg/L] between	0	to 60	>60	to 120	>120	l20 or more				
>2.0 and 4.0	35.0%	Removal	25.0%	Removal	15.0%	Removal				
>4.0 and 8.0	45.0%	Removal	35.0%	Removal	25.0%	Removal				
>8.0 or more	50.0%	Removal	40.0%	Removal	30.0%	Removal				

- 1.) Look at raw water TOC. If <2.0, use ACC 1.
- 2.) Calculate actual monthly TOC removal.

(1 - (treated water TOC/source water TOC)) x 100

- 3.) Determine required monthly TOC % removal from matrix.
- 4.) Calculate the Step 1 removal ratio.

actual monthly TOC % removal/required monthly TOC % removal

5.) Calculate Annual average

Sum of monthly % removal ratio / 12

NOTE: Contact DNR Water Supply Engineering Section before completing any Step 2 Jar Testing.

## SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT FORM IOWA DNR WATER SUPPLY

#### Alternative Compliance Criteria Report Page 1 of 2

Syste	S/EP #: em Name:				P	WSID #:				Month:			Year
hic Alt	ernative Compliance Criteria	(ACC) B	Conort is	- hoing su	hmittad	to room	ost the f	ollowing	. ACC: (cl	ock one			•
IIIS AIL	ernative compliance criteria	(ACC) N	<u></u>	enig su	- Initited	to requi	est the n	Jiiowiiig	ACC. (CI	-	,		
#1	#2	#3	3	#4		#5		#6		#7		#8	
	Source Water TOC less than 2.0	mg/L? (	calculated	quarterly	as a runi	ning annı	ıal averag	e)					
		1	2	3	4	5	6	7	8	9	10	11	12
#1	Actual Month/Yr Monthly TOC												
	RAA												
	Treated Water TOC less than 2.	0 mg/L?	(calculate	d quarter	ly as a rur	nning ann	ual avera	ge)					
		1	2	3	4	5	6	7	8	9	10	11	12
#2	Actual Month/Yr Monthly TOC												
	RAA												
	Source Water TOC less than 4.0	ma/12/	calculated	quartorh	, ac a runi	ning annu	ial avorag	·0)					
	AND Source Water Alkalinity ov								ıl average	)			
		1	2	3	4	5	6	7	8	9	10	11	12
	Actual Month/Yr Monthly TOC												
ļ	RAA TOC												
#3	Monthly Alkalinity												
	Avg. RAA Alkalinity		-										
	Max.												
							_						_
	Min.		Yearly	Average	e TTHM:		mg/L		Yearly	Averag	e HAA5:		mg/L
	Min. ATTACH COPY OF COMPLIANCE	REPORT	-	_				HAA5)	Yearly	Averag	e HAA5:		mg/L
	ATTACH COPY OF COMPLIANCE		FOR DISII	NFECTION	I BY-PROI	DUCTS (T		HAA5)	Yearly	Averag	e HAA5:		mg/L
			FOR DISI	0.030 mg	I BY-PROI	OUCTS (T	THM AND	HAA5)					· ·
	ATTACH COPY OF COMPLIANCE	ın 0.040 ı	FOR DISII	0.030 mg	I BY-PROI /L, respec e TTHM:	OUCTS (T	THM AND			Averag			mg/L mg/L
	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE	ın 0.040 ı	mg/L and Yearly FOR DISI	0.030 mg Average	I BY-PROI /L, respec e TTHM: I BY-PROI	ctively?	THM AND						· -
	ATTACH COPY OF COMPLIANCE	n 0.040 i REPORT e whole i	mg/L and Yearly FOR DISII	0.030 mg Average NFECTION distributi	L, respective TTHM:  BY-PROION System	ctively?  DUCTS (T	THM AND	) HAA5)	Yearly	Averag	e HAA5:		mg/L
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE  AND only chlorine is used in the	n 0.040 i REPORT e whole i	mg/L and Yearly FOR DISII	0.030 mg Average NFECTION distributi	L, respective TTHM:  BY-PROION System	ctively?  DUCTS (T	THM AND	) HAA5)	Yearly	Averag	e HAA5:		mg/L
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE  AND only chlorine is used in the I certify that for the last 12 month	n 0.040 i REPORT e whole i	mg/L and Yearly FOR DISII	0.030 mg Average NFECTION distributi	L, respective TTHM:  BY-PROION System	ctively?  DUCTS (T	THM AND	) HAA5)	Yearly	Averag	e HAA5:		mg/L
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE  AND only chlorine is used in the I certify that for the last 12 month	n 0.040 i REPORT e whole i	mg/L and Yearly FOR DISII	0.030 mg Average NFECTION distributi	L, respective TTHM:  BY-PROION System	ctively?  DUCTS (T	mg/L THM AND	) HAA5)	Yearly	Averag	e HAA5:	e of a res	mg/L
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE  AND only chlorine is used in the I certify that for the last 12 mon the distribution system.  Certified Operators Signature:	REPORT e whole p	FOR DISII	0.030 mg Average NFECTION distributi ine was u	L BY-PROI /L, respec e TTHM: I BY-PROI on systen sed as a c	ctively?  DUCTS (T  DUCTS (T  n.  disinfecta	mg/L THM ANE nt for prir	• HAA5) mary disi	<b>Yearly</b> nfection a	Averag	e <b>HAA5:</b> nintenanc	e of a res	mg/L
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE  AND only chlorine is used in the I certify that for the last 12 month the distribution system.	REPORT e whole p ths, only	r FOR DISII mg/L and Yearly FOR DISII plant and free chlor	0.030 mg Average NFECTION distributi ine was u	/L, respected TTHM: I BY-PROI on system sed as a continuous	ctively?  DUCTS (T  n.  disinfecta	mg/L THM AND THM AND THM Certifications The control of the control	HAA5) mary disin	Yearly  nfection a  average)	r <b>Averag</b>	e HAA5: nintenanc Date:	e of a res	mg/L idual in
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE AND only chlorine is used in the I certify that for the last 12 monthe distribution system.  Certified Operators Signature:  Source water SUVA less than or	REPORT e whole per this, only or equal to tellight about this, onthis, onthis, on the control of	FOR DISII mg/L and Yearly FOR DISII plant and free chlor	0.030 mg Average NFECTION distributi ine was u	L BY-PROI	DUCTS (T DUCTS (T n. disinfecta	mg/L THM ANE nt for prin  Certi s a runnin dissolved	HAA5) mary disinfication #: g annual organic ca	Yearly  nfection a  average) rbon conce	nd for ma	e HAA5:  intenanc  Date:	e of a res	mg/L idual in
#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE AND only chlorine is used in the I certify that for the last 12 month the distribution system.  Certified Operators Signature:  Source water SUVA less than or (Source water SUVA is the ultraviole treatment of any kind. Measure mo	REPORT e whole peths, only	r FOR DISII mg/L and Yearly FOR DISII plant and free chlor	0.030 mg Average NFECTION distributi ine was u	/L, respected TTHM: I BY-PROI on system sed as a continuous	ctively?  DUCTS (T  n.  disinfecta	mg/L THM AND THM AND THM Certifications The control of the control	HAA5) mary disin	Yearly  nfection a  average)	r <b>Averag</b>	e HAA5: nintenanc Date:	e of a res	mg/L idual in
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#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE AND only chlorine is used in the I certify that for the last 12 month the distribution system.  Certified Operators Signature:  Source water SUVA less than or (Source water SUVA is the ultraviole treatment of any kind. Measure mo  Actual Month/Year  Monthly SUVA	REPORT e whole per this, only or equal to tellight about this, onthis, onthis, on the control of	FOR DISII mg/L and Yearly FOR DISII plant and free chlor	0.030 mg Average NFECTION distributi ine was u	L BY-PROI	DUCTS (T DUCTS (T n. disinfecta	mg/L THM ANE nt for prin  Certi s a runnin dissolved	HAA5) mary disinfication #: g annual organic ca	Yearly  nfection a  average) rbon conce	nd for ma	e HAA5:  intenanc  Date:	e of a res	mg/L idual in
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#4	ATTACH COPY OF COMPLIANCE  TTHM and HAA5 no greater tha  ATTACH COPY OF COMPLIANCE AND only chlorine is used in the I certify that for the last 12 monthle distribution system.  Certified Operators Signature:  Source water SUVA less than or (Source water SUVA is the ultraviole treatment of any kind. Measure mo  Actual Month/Year  Monthly SUVA  RAA SUVA  Treated water SUVA less than or (Treated water SUVA is the ultraviolany disinfection of any kind. Measure	r equal to the tight about the	FOR DISII mg/L and Yearly FOR DISII plant and free chlor  2 2 2 4 2 4 2 4 4 4 4 4 5 5 6 7 7 7 8 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8	O.030 mg Average NFECTION distributi ine was u  2-m? (calc 254 nanon  3	L BY-PROI	DUCTS (T ctively? DUCTS (T n. disinfecta arterly as ded by the	mg/L THM AND T	p HAA5) mary disinfication #: g annual organic ca	Yearly  nfection a  average) rbon conce	nd for ma	e HAA5:  Date:  10	e of a res	mg/L idual in efore any
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## SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT FORM IOWA DNR WATER SUPPLY

### Alternative Compliance Criteria Report Page 2 of 2

#### System must be practicing Enhanced Softening for use of ACC #7 & #8

	Г		T	1 _	_	_					T		
		1	2	3	4	5	6	7	8	9	10	11	12
	Actual Month-Year			<u> </u>									
#7	Monthly Treated Alkalinity												
	RAA Treated Alk.	TOC HOME											
	AND cannot achieve the Step 1	roc remo	ovai requ	irement		TOC %	Removal S					I	
	Step 1 Compliance Summary:			OC % Remo		1		l	TOC D	I D-4'-			
			= "	JC % Remo	ovai	Kequii	rement		TOC Rem	ovai katio			
	Magnesium hardness removal g				t 10 ·-	/I / C			المعادمة المالم	D.A	۸ ۱		
	iviagnesium nardness removai į	reater th	an or eq	uai to at i	east 10 n	ng/L (as C	acos): (	caiculate	u quarteri	y as a KA	4)		
	l r	1	2	3	4	5	6	7	8	9	10	11	12
				3	4	3	ь .	/	8	9	10	11	12
	Actual Month-Year			<u> </u>									
	Monthly Raw Mg. Hardness												
	Monthly Treated Mg. Hardness												
#8	Monthly Mg Removal												
	RAA Mg Removal												
	AND cannot achieve the Step 1	TOC remo	oval requ	irement								ī	
	Step 1 Compliance Summary:					TOC %	Removal S	Summary					
			TO	OC % Remo	oval	Requi	rement		TOC Rem	oval Ratio			