GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY

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							Pa	ige i o	1 2							
Facility Name:							PWSID Number:									
Treatment Plant #: S/EP #:											Year:					
Pumpage					С	hlorine)					Fluoride	:	Other		
	to	Quantity	Fr	Free Chlorine (mg/L)				tal Chlo	rine (mg	/L)	Quantity					1
D	system	Used lbs.	At Plant		In System		At F	Plant	In System		Used					D
а	in	or									lbs.	Raw	S/EP			а
у	thousands	gals.	# of	Avg.	# of	Avg.	# of	Avg.	# of	Avg.	or gals.	(mg/L)	(mg/L)			у
	of	(circle one)	Tests	/wg.	Tests	7 tvg.	Tests	7.vg.	Tests	7.vg.	(circle					
	gallons	35)									one)					
1																1
2																2
3																3
4																4
5																5
6																6
7																7
8																8
9											-					9
10											-					10
11																11
12																12
13																13
14											1			-		14
15											1					15
16																16 17
17 18																18
19																19
20																20
21																21
22																22
23											1					23
24																24
25																25
26																26
27																27
28																28
29																29
30																30
31																31
Total																Total
Avg.																Avg.
Max.																Max.
Min.																Min.
	Percentage of ava				ined in thi	s report a	or or Des	ignee's S	ignature:							_
							Cer	tificate #:			Grade:		Date:			

Oct. 2009 IDNR Form #: 542-3104

GROUNDWATER MONTHLY OPERATION REPORT IOWA DNR WATER SUPPLY SECTION Page 2 of 2

Facility Name:								PWSID Number:						
-								Maximum Residual Disinfectant Level (MRDL) Calculation						
D a y									Actual Month/ Year	Number of Samples Used in Calc.	Monthly Average	Running Annual Average (RAA)*		
1														
2								-II-						
3								┨┠						
<u>4</u> 5								┪╂						
6								٦ŀ						
7								1 I						
8														
9								_						
10								-II-						
11								-II-						
12 13								┨┖						
14														
15									Calculation of	maximum disi	nfectant residu	al is based on		
16									the month	ly average of th	ne <u>Total</u> chlorir	ne residual		
17								r	measured at t	he same time o ed (includes Re	compliance bac eneat/Check sa	terial samples		
18										pecials). *Shou				
19														
20										st be calculated and include the				
21									quarter	and include th	c provious 121	nontris.		
22														
23									Wat	ar I avals	(ft \			
24 25								Water Levels (ft.) Date:						
26								-1 r	Well #	Static	Pumping			
27								7 F	-		- I J			
28								711						
29														
30								_						
31								41						
Total								-II-						
Avg.								-II-						
Max.								┨╂						
Min.					<u> </u>			L				l		
С	comments:													
	_													
	_													