SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT

IOWA DNR WATER SUPPLY

Basic Information

	S/EP:												
Syste	em Name:		-			PWSID #:				Month:		Year:	
Γ I	Operating	Pum	page	Fluo	ride	Raw		Settled 1	Furbidity				
	Hours					Turbidity	(individ	lual sedir	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 Ibs. 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)			
1													
2													
3													
4													
5													
6 7													
/ 8													
9													
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12													
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14													L
15													
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18 19													
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22													
23													
24													
25													
26													
27													
28													
29 30													
30													
Total													
Avg													
Max													
Min													

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:

SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT

IOWA DNR WATER SUPPLY

Disinfection/Oxidation Data Page

	S/EP:														
Syst	em Name					PWSID #:				Month:			Year:		
		Chlorine Residual							СТ	Chlorine	Chlorite	Quantity of Disinfectant			
	S	ource/Entry	y Point (S/	EP)		Distril	oution			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 Ibs. or gals. (circle one)	Chlorine in lbs. or gals. (circle one)		
1															
2															
3															
4															
5															
6 7															
8															
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26 27															
27															
29															
30															
31															
Total															
Avg															
Max															
Min				rovided. ente											

*If continuous monitoring of chlorine is provided, enter "C" in the space provided.

**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.

***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.

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DRC Operator or Designee's Signature:

Certificate #: Grade: Date:

October 2018

FORM 542-8032

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

Turbidity Data Page 1 of

System Name:						PV	VSID #:				Ν	/lonth:				Year:	
	Combined Filter Effluent								Indi	vidual F	Filter Eff	luent					
				#	1	#	2	#	3	#	# 5	#	ŧ6	#	7	#	#8
D a y	Number of Readings Taken*	Number of Readings >0.3 NTU	Highest Daily Reading (NTU)	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Daily Highest (NTU)	# of Consec Results >1.0 NTU	Daily Highest (NTU)	# of Consec Results >1.0 NTU						
1																	
2																	
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23									-								
24																	
25																	
26																	
27																	
28																	
29																	
30 31																	
Total																	
Avg																	
Max																	
Min																	

*If continuous monitoring of turbidity is provided, measurements must be recorded at equal time intervals at least once every 4 hours.

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: _____

S/EP:

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

		S	ummar	y Page :	1 of 2							
S/EP:												
SYSTEM NAME:			P	WSID #:			N	/ONTH:			_	YEAR:
1. DISINFECTANT RESIDUAL ENTERING THE DISTRIB		SVSTEM·										
a. How many times did the residual disinfectant c			e water F	NTERING	the distrib	ution sys	tem fall b	elow 0.3 i	ng/L of fr	ee chlorin	e.	
or 1.5 mg/L of total chlorine for more than 4 hc]		acion sys			16/2011		,	
b. Date and duration of each occurrence:												
Date	Du	ration (Ho	ours)		Date and	Time DN	R Notifie	d		Person	Notified	
2. DISINFECTANT RESIDUAL WITHIN THE DISTRIBUT											1	
a. Number of times that the disinfectant residual v			-								-	
b. Number of times the disinfectant residual WAS												
c. Number of times the disinfectant residual was n							an 500/m				-	
 d. Number of times the disinfectant residual was r e. Number of times where the disinfectant residual 					_			11.			1	
e. Number of times where the disinfectant residue		ior measu			vas greate		0/111.				J	
				Fro	n above C	alculate \	/=[(C+D+	⊦F)/(Δ+B)	1 x 100%		%	
				1101	ii above e			last mon			%	
					(V must r	not excee		any two co		L	1	
								,		,		
3. CALCULATION OF MAXIMUM RESIDUAL DISINFE	CTANT L	EVEL (MR	DL):									
Calculation of maximum disinfectant				-	-							-
bacterial samples are collected (inc		peat/chec the end of			-					toring. Th	e RAA mı	ist be
Calc	1 1	2	3	4	5	6	e previou 7	8	9	10	11	12
Actual Month/Year:												
# of samples used in calc.:												
Monthly Avg.:												İ T
								Runi	ning Annu	al Averag	e (RAA)*	
								*Should	be less th	an the M	RDL of 4.0) mg/L
4. FINISHED WATER TURBIDITY:				-								
a. Number of turbidity readings taken:												
b. Number of readings greater than 0.3 NTU:				_								
c. Percent of readings less than or equal to 0.3 NTU				%								
d. Specify date and duration of any turbidity measu	urement	greater th	ian 1 NTU	J:								
									1			
Date	ate Duration (Hours)			<u> </u>	Date and	Time DN	IR Notifie	d		Person	Notified	
				<u> </u>								
				ļ					<u> </u>			
I certify that I am familiar with the information	contain	ned in this	s report	and that	the infor	mation	is true, c	omplete	, and acc	urate.		

DRC Operator or Designee's Signature:

Certificate #: 0 Grade: 0 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.								
Citteria									
a. Number of days with event(s) above 1.0 NTU this month									
b. Number of days with event(s) above 1.0 NTU last month									
c. Number of days with event(s) above 1.0 NTU two months ago									
d. Total number of days with event(s) above 1.0 NTU in three months									
e. Number of days with event(s) above 2.0 NTU this month									
f. Number of days with event(s) above 2.0 NTU last month									

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

For events documented in Item a, system must provide an explanation of the cause of the event, if known.

For the events documented in Item d, a self-assessment report of the filter must be prepared within 14 days unless a CPE is required.

Date Triggered:

Date Completed:

For events documented in Item f, a Comprehensive Performance Evaluation by the DNR or its designee is required within 60 days.

6. CALIBRATION/VERIFICATION INFORMATION

a. Calibration

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

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 NAM	IE:		PWSID #:		MONTH		YEAR:	
	Mon	thly Chlo	rine Dioxid	e Daily MRD	L Exceeda	nce		
	NOTE: This n	nonitoring r	nust follow th	ne written sam	pling plan.			
	Event:	1	2	3	4	5	6	I
Date S/FE	sample exceeded 0.8 mg/L:	1	2	5	4	5	0	
Date 5/ LF	Measured Level:							
								1
Event	Following days' results:	Date	Time	Location	Level]		
1	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):					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)
3	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):			,		Exceeded?	Violation	Violation*
						(Yes/No)	(Yes/No)	(Yes/No)
4	Source/Entry Point:			S/EP		Was MRDL	Non-acute	Acute
	Distribution (3):					Exceeded?	Violation	Violation*
	-					(Yes/No)	(Yes/No)	(Yes/No)
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					(Yes/No)	(Yes/No)	(Yes/No)
								l

*For each Acute violation event, provide the following information:

Event:	1	2	3	4	5	6
Date & Time DNR Notified:						
Person Notified:						

Monthly Chlorite Daily MCL Exceedance

Did daily S/EP monitoring result exceed MCL of 1.0 mg/L (Yes or No)?
Were three distribution samples collected the following day (Yes or No)?
What was the average of the three distribution samples?
Was a non-acute MCL violation incurred (Yes or No)?

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 #:

SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT FORM

IOWA DNR WATER SUPPLY SECTION Total Organic Carbon (TOC) Removal

S/EP:_____

System Name:

Month: Year: _____

Note: Systems are required to run one TOC Sample Set every month. Additional space is provided for those systems that do additional sampling

PWSID #:

	Mo	onthly TOC Sam	ole Set					Optior	nal data		
D a t e	Raw Alkalinity	Raw TOC	Treated TOC	Actual % TOC Removed (calculated)	Step 1 Required % Removal (from Matrix)	Step 1 Removal Ratio <i>(calculated)</i>	Step 2 Required % Removal (<i>attach</i> Step2 form)	Step 2 Removal Ratio <i>(calculated)</i>	ACC # used (attach ACC form)	ACC Removal Ratio <i>(calculated)</i>	Compliance Removal Ratio (calculated)
-											
-											
Avg.											
Max.											
Min.											

MONTHLY TOTAL ORGANIC CARBON REMOVAL SUMMARY

	TOC Summary		TOC % Remo	val Summary	TOC Removal Ratio
Raw Water Alkalinity	Raw Water TOC	Treated Water TOC	TOC % Removal	Requirement	

CALCULATION OF TOTAL ORGANIC CARBON REMOVAL RATIO RUNNING ANNUAL AVERAGE:

The RAA must be calculated at the end of each calendar quarter and include the previous 12 months.

	1	2	3	4	5	6	7	8	9	10	11	12
Actual Month/Year:												
Monthly Avg.:												

Running Annual Average (RAA)*:

*Should be greater than or equal to 1.00

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DRC Operator or Designee's Signature:

Certificate #: _____ Grade: _____

Date:

Source-water TOC		Source-wa	ter alkalinity [mg/	L as CaCO3]	between	
[mg/L] between	0	to 60	>60	to 120	>120	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

Step 1 TOC Removal Requirement MATRIX

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

	S/EP #:												
Syst	em Name:			_	P	WSID #:			i	Month:			Year
is Al	ternative Compliance Criteria	(ACC) I	Report is	being su	bmitted	to requ	est the f	ollowing	ACC: (cł	neck one	.)		
10 / 11								_			.,	_	_
#1	#2	#	3	#4		#5		#6		#7		#8	
	Source Water TOC less than 2.0) mg/L? (calculate							T	T	T	T
#1	Actual Month/Yr	1	2	3	4	5	6	7	8	9	10	11	12
#1	Monthly TOC												
	RAA			-						-			
		<u> </u>	/					\ \					-
	Treated Water TOC less than 2.	.0 mg/L? 1	(calculate	ed quarter 3	iy as a rur 4	ining ann 5	iual avera	ige) 7	8	9	10	11	12
#2	Actual Month/Yr					<u> </u>		,	U		10		
	Monthly TOC												
	RAA												
	Source Water TOC less than 4.0) mg/L? /	calculate	d quarterly	v as a runi	ning annu	ual averag	ge)					
	AND Source Water Alkalinity of			•		-	-		al average))			
		1	2	3	4	5	6	7	8	9	10	11	12
	Actual Month/Yr												
	Monthly TOC RAA TOC						I	I	l			I	
#3	Monthly Alkalinity		1	T			<u> </u>	<u> </u>				1	
	Avg. RAA Alkalinity		-				-						
	-												
	Max.		Yearl	v Averag			mg/L		Yearly	Average	ο ΗΔΔ5·	_	mg/L
	Max. Min.			y Averag			mg/L		Yearly	Average	e HAA5:		mg/L
	Max.							D HAA5)	Yearly	Average	e HAA5:		mg/L
	Max. Min.	REPORT	FOR DIS	INFECTION	N BY-PROI	DUCTS (T		D HAA5)	Yearly	Averag	e HAA5:		mg/L
	Max. Min. ATTACH COPY OF COMPLIANCE	REPORT	FOR DIS	INFECTION	N BY-PROI	OUCTS (T		D HAA5)		Average			mg/L mg/L
	Max. Min. ATTACH COPY OF COMPLIANCE	E REPORT	r FOR DIS mg/L and Yearl	INFECTION I 0.030 mg y Averag	N BY-PROL /L, respec e TTHM:	OUCTS (T	THM AND						, -
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th	E REPORT an 0.040 E REPORT e whole	r FOR DIS mg/L and Yearl FOR DIS plant and	INFECTION I 0.030 mg y Averag INFECTION I distributi	N BY-PROD /L, respec e TTHM: N BY-PROD on systen	DUCTS (T tively? DUCTS (T n.	mg/L	D HAA5)	Yearly	Average	e HAA5:		mg/L
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon	E REPORT an 0.040 E REPORT e whole	r FOR DIS mg/L and Yearl FOR DIS plant and	INFECTION I 0.030 mg y Averag INFECTION I distributi	N BY-PROD /L, respec e TTHM: N BY-PROD on systen	DUCTS (T tively? DUCTS (T n.	mg/L	D HAA5)	Yearly	Average	e HAA5:		mg/L
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th	E REPORT an 0.040 E REPORT e whole	r FOR DIS mg/L and Yearl FOR DIS plant and	INFECTION I 0.030 mg y Averag INFECTION I distributi	N BY-PROD /L, respec e TTHM: N BY-PROD on systen	DUCTS (T tively? DUCTS (T n.	mg/L	D HAA5)	Yearly	Average	e HAA5:		mg/L
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon	E REPORT an 0.040 E REPORT e whole	r FOR DIS mg/L and Yearl FOR DIS plant and	INFECTION I 0.030 mg y Averag INFECTION I distributi	N BY-PROD /L, respec e TTHM: N BY-PROD on systen	DUCTS (T tively? DUCTS (T n.	mg/L	D HAA5)	Yearly	Average	e HAA5:		mg/L
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon	E REPORT an 0.040 E REPORT e whole ths, only	r FOR DIS mg/L and Yearl FOR DIS plant and	INFECTION I 0.030 mg y Averag INFECTION I distributi	N BY-PROD /L, respec e TTHM: N BY-PROD on systen	DUCTS (T tively? DUCTS (T n.	mg/L THM ANI	D HAA5)	Yearly	Average	e HAA5:	e of a res	mg/L
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon the distribution system. Certified Operators Signature:	E REPORT an 0.040 E REPORT e whole oths, only	r FOR DIS mg/L and Yearl r FOR DIS plant and r free chlo	INFECTION I 0.030 mg y Averag INFECTION I distributi rine was u	N BY-PROI (L, respec e TTHM: N BY-PROI on systen used as a c	DUCTS (T tively? DUCTS (T n. lisinfecta	mg/L THM ANI THM ANI nt for prin Certi) HAA5) mary disir fication #:	Yearly	Average	e HAA5:	e of a res	mg/L
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon the distribution system.	E REPORT an 0.040 E REPORT e whole oths, only r equal t	r FOR DIS mg/L and Yearl r FOR DIS plant and r free chlo	INFECTION I 0.030 mg y Averag INFECTION I distributi rine was u g-m? (calc	N BY-PROI /L, respect e TTHM: N BY-PROI on system used as a c	DUCTS (T tively? DUCTS (T n. lisinfecta arterly as	mg/L THM ANI THM ANI nt for prin Certi	D HAA5) mary disin fication #: ig annual	Yearly nfection an average)	Average	e HAA5: nintenanc Date:	e of a res	mg/L idual in
#4	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon the distribution system. Certified Operators Signature: Source water SUVA less than o	E REPORT an 0.040 E REPORT e whole oths, only r equal t et light ab	r FOR DIS mg/L and Yearl r FOR DIS plant and r free chlo	INFECTION I 0.030 mg y Averag INFECTION I distributi rine was u g-m? (calc	N BY-PROI /L, respect e TTHM: N BY-PROI on system used as a c	DUCTS (T tively? DUCTS (T n. lisinfecta arterly as	mg/L THM ANI THM ANI nt for prin Certi	D HAA5) mary disin fication #: ig annual	Yearly nfection an average)	Average	e HAA5: nintenanc Date:	e of a res	mg/L idual in
	Max. Min. ATTACH COPY OF COMPLIANCE TTHM and HAA5 no greater tha ATTACH COPY OF COMPLIANCE AND only chlorine is used in th I certify that for the last 12 mon the distribution system. Certified Operators Signature: Source water SUVA less than o (Source water SUVA is the ultraviole treatment of any kind. Measure mo	E REPORT an 0.040 E REPORT e whole oths, only r equal t et light ab onthly.) 1	r FOR DIS mg/L and Yearl r FOR DIS plant and r free chlo	INFECTION I 0.030 mg y Averag INFECTION I distributi rine was u g-m? (calc	N BY-PROI /L, respect e TTHM: N BY-PROI on system used as a c	DUCTS (T tively? DUCTS (T n. lisinfecta arterly as	mg/L THM ANI THM ANI nt for prin Certi	D HAA5) mary disin fication #: ig annual	Yearly nfection an average)	Average	e HAA5: nintenanc Date:	e of a res	mg/L idual in
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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

	_												
		1	2	3	4	5	6	7	8	9	10	11	
	Actual Month-Year												
'	Monthly Treated Alkalinity												
	RAA Treated Alk.												
	AND cannot achieve the Step 1 T	OC remo	oval requ	irement								-	
	Step 1 Compliance Summary:					TOC %	Removal S	Summary					
			тс	DC % Remo	val	Requi	rement		TOC Rem	oval Ratio			
	Magnesium hardness removal gr	eater th	an or equ	ual to at le	east 10 m	g/L (as C	CaCO3)? ((calculate	d quarterl	y as a RAA	4)		
	Magnesium hardness removal gr	eater th	an or equ	ual to at le	east 10 m 4	g/L (as C 5	CaCO3)? (0	calculated	d quarterl	y as a RAA 9	4) 10	11	
	Magnesium hardness removal gr Actual Month-Year	reater th						1				11	
		eater th						1				11	
	Actual Month-Year	eater th						1				11	
	Actual Month-Year Monthly Raw Mg. Hardness	reater th						1					
3	Actual Month-Year Monthly Raw Mg. Hardness Monthly Treated Mg. Hardness	eater th						1					
	Actual Month-Year Monthly Raw Mg. Hardness Monthly Treated Mg. Hardness Monthly Mg Removal	1	2	3				1					
	Actual Month-Year Monthly Raw Mg. Hardness Monthly Treated Mg. Hardness Monthly Mg Removal RAA Mg Removal	1	2	3		5		7					

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: _____