



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES – COMPLIANCE AND ENFORCMENT UNIT
Monthly Operation Report

NAME OF WATER UTILITY _____ PWSID _____

NAME OF WATER TREATMENT PLANT _____ COUNTY _____

			CHLORINE		FLUORIDE			MONTH OF 20 ALKALINITY MG/L		pH		HARDNESS MG/L		FREE Cl ₂		IRON MG/L			MANGANESE MG/L			
DATE	WATER TREATED GALLONS	FINISHED TURBIDITY NTU	POUNDS OR GALLONS USED	FREE RESIDUAL MG/L DIST. SYSTEM	POUNDS OR GALLONS USED	CALCULATED DOSAGE MG/L	DISTRIBUTION SYSTEM MG/L	TOTAL RAW	TOTAL FINISHED	RAW	FINISHED	RAW	FINISHED	RAW	FINISHED	RAW	FINISHED	DIST. SYSTEM	RAW	FINISHED	DIS. SYSTEM	CORROSION CONTROL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1																						
2																						
3																						
4																						
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TOTAL																						
AVE																						
MAX																						
MIN																						

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

REMARKS _____

Certified Operator _____
Certificate Number _____

This form must be received by the appropriate field office by the 10th of the following month

	BACTERIOLOGICAL EXAMINATION			
DATE		DATE SAMPLE COLLECTED	FREE CHLORINE MG/LAT POINT OF SAMPLING	LOCATION OF SAMPLING POINT FROM DISTRIBUTION SYSTEM
24		25	26	27
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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