

**MONTHLY OPERATING REPORT for Population =<3,300**

Reporting month/year: \_\_\_\_\_

Entry point or well number: \_\_\_\_\_

Required Minimum Cl (mg/l): \_\_\_\_\_

<u>Date</u>	<u>Time</u>	<u>Free Chlorine concentration (mg/l) with pump running</u>	<u>Initials</u>	<u>COMMENTS</u>
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Was the chlorine residual ever less than the required minimum? \_\_\_\_\_

If so, did you monitor every four (4) hours until it was restored?  
 (Attach grab sample results to this form) \_\_\_\_\_

Note: If the chlorine concentration is less than the required minimum for more than 4 hours of well run time, then it is a Treatment Technique Violation.

*Do not submit to MSDH unless requested.*

ver. 11/05/2009