OhioEPA

Division of Drinking and Ground Waters

PWS Name:
STU Name:
PWSID #:
STU #:

Surface Water Treatment Plant Monthly Operating Report (MOR)

Reporting Period:
Analytical Lab ID:
Analytical Lab Name:

Distribution Disinfectant Reporting

(a) Number of Samples Analyzed
(b) Number Below Required Residual
(c) Percent Meeting Disinfectant Requirement
(d) Previous Month: Percent Meeting Disinfectant Requirement

Clearwell Information

Calculation Type: Simple or Complex (e)
Disinfectant Monitored Continuously Yes No (f)
Filtration Type: Conventional, Slow Sand, Direct (g)
Log Inactivation Requirement: _____ (h)

Clearwell ID	Surface Area	Approved Effective Volume Factor
(i)	(j)	(k)

Date	Lowest Chlorine Residual at Entrance to Distribution System		Duration Chlorine Residual Fell Below Requirement (hours, tenths)	Peak Hourly Treatment Flow (gpm)	Highest pH	Lowest Temp. (°C)	Lowest Clearwell Operating Depth/Level (feet)	Lowest Disinfectant Concentration (mg/L)	Effective Disinfectant Contact Time (minutes)	Minimum Actual CT (min. x mg/L)	Required CT (min. x mg/L)	Interpolation (Y/N)	Raw Alkalinity (mg/L)	Raw TOC (mg/L)	Finished TOC (mg/L)	Comments
	Free	Combined														
	(l)		(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)

Operator of Record: __(ww)_____ Certification Number:___(xx)_____ Date: ____(yy)____

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TOC Value Information	
Calc. TOC Value	ATC (1.0)
(aa)	A, B, C, D, E, None (bb)

Turbidity Reporting Information

Turbidity Location: 1 , 2 , 3 , 4 **(cc)**

Percent within Standard: _____**(rr)**

Date	Total Hours Filtering	Maximum Turbidity (NTU)	Minimum Turbidity (NTU)	Average Turbidity (NTU)	Grab Sample Report		Continuous Monitoring report	
					Total Number of Results	Number of Results Exceeding Standard	Number of Hours results were Recorded	Number of Hours Results Exceeded Standard
	(dd)	(ff)	(hh)	(ii)	(jj)	(ll)	(nn)	(pp)

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Addendum for Individual Filter Turbidity Results

>10,000

System Population:	10000 or Greater	
		Was the continuous filter monitoring or recording (every 15 minutes) equipment offline during the month? If yes indicate the filter number(s), the date(s), duration, and individual filter grab sampling frequency on a separate sheet.
		1.0 NTU in two consecutive measurements taken 15 minutes apart? If yes, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. filter profile).
		0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? If yes, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. filter profile).
		1.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? If yes, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Individual Filter Self-Assessment - IFSA).
		2.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? If yes, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Comprehensive Performance Evaluation -

Filter Number	Individual Filter Event	Date	Time	Turbidity (NTU) Measurement(s)

	Was an individual filter event reported for any of these filters on the EPA 5109-A/B form which was submitted last month
	If yes, which filter(s) and which event(s)?

REQUIRED FOLLOW-UP ACTIONS	
	If an individual filter profile is required, was the filter profile completed within 7 days of the individual filter event?
	If an Individual Filter Self-Assessment is required, was the assessment completed within 5 days of the individual filter
	Completion date for individual filter selfassessment report

REQUIRED FIELDS FOR CPE	
	Filter Number
	CPE Event Date
	CPE Arranged with Director (third party) Date
	CPE Report Submission to District Date
	CPE arranged within 30 days of individual filter event?
	CPE report submitted within 90 days of individual filter event?

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Addendum for Individual Filter Turbidity Results

<10,000

System Population:	Less than 10000	
		Do you monitor each individual filter effluent (or combined filter effluent for systems with two filters)?
		Was the continuous filter monitoring or recording (every 15 minutes) equipment offline during the month? If yes, indicate the filter number (s), the date(s), duration, and individual filter grab sampling frequency on a separate sheet.
		1.0 NTU in two consecutive measurements taken 15 minutes apart? If yes complete the table on the reverse side of this form and indicate required follow-up action status (report cause if known).
		1.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? If yes complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Individual Filter Self-Assessment - IFSA).
		2.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? If yes complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Comprehensive Performance Evaluation - CPE).

Filter Number	Individual Filter Event	Date	Time	Turbidity (NTU) Measurement(s)

	Was an individual filter event reported for any of these filters on the EPA 5109-A/B form which was submitted last month?
	If yes, which filter(s) and which event(s)?

REQUIRED FOLLOW-UP ACTIONS	
	If an Individual Filter Self-Assessment is required, was the assessment completed within 14 days of the individual filter event?
	Completion date for individual filter selfassessment report

REQUIRED FIELDS FOR CPE	
	Filter Number
	CPE Event Date
	CPE Arranged with Director (third party) Date
	CPE Report Submission to District Date
	CPE arranged within 60 days of individual filter event?
	CPE report submitted within 120 days of individual filter event?