

WATER SYSTEM OPERATION REPORT

Public Water System Name:	Reporting Month/Year:	Source Water Type:
Public Water System ID:	County:	Town, Village or City:
Ultraviolet Unit Make/Model:	Water System Components ¹	Date of Last Cleaning/Replacement/Maintenance
Ultraviolet Unit is no longer disinfecting properly when the "Ultraviolet Unit Reading" indicates as follows:	Ultraviolet Bulb	
	Ultraviolet Quartz Sleeve	
	Water Softener	
	Filter #1	

Date ²	Daily Water Usage (Gallons)	Ultraviolet Unit Reading ³	Actions Taken/Tests Conducted/Problems/Additional Notes ⁴
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31			
AVG			

Reported By: _____ Title: _____ Operator Grade Level: _____
 Signature: _____ Date: _____ NYSDOH Op. Cert. Number: _____

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1	Not all the listed Water System Components will be present on every water system. Additional spaces are available for components that have not been listed.
2	If the necessary water system readings are not taken for a day, an asterisk must be placed in that blank box and an explanation for not taking readings provided in the Additional Notes column.
3	The Ultraviolet Unit Reading will vary depending on the make and model of the Ultraviolet Unit. Common readings are Intensity (%), Dose (mJ/cm ²), and Color (Red or Green).
4	This column is reserved for any tests or actions taken, such as Total Coliform or Nitrates, or events such as boil water orders, line breaks, or any other items of note.

Additional Comments:	

Reported By: _____ Title: _____ Operator Grade Level: _____
 Signature: _____ Date: _____ NYSDOH Op. Cert. Number: _____