OhioEPA

Division of Drinking and Ground Waters

PWS Name: ____________________

STU Name: ____________________

PWSID #: ____________________

STU #: ____________________

Water Plant/Distribution System Monthly Operating Report (MOR)

Reporting Period: ____________________

Analytical Lab ID: ____________________

Analytical Lab Name: ____________________

Highest Fluoride Result/Month:	
Date of Highest Fluoride Result/Month:	
Fluoride Compound Applied:	
FL QC Check Sample Date:	
FL QC Check Sample (Pass/Fail):	

Iron Manganese QC Laboratory Check Data			
Iron date:		Mn Date:	
Iron Value	mg/L	Mn Value:	mg/L

Day	Plant Production (MGD)	**Fluoride Reporting**				**Plant Tap / Entry Point**								
		Calculated Fluoride Dosage (mg/L)	Plant Lab Analysis			pH	Alkalinity			Hardness (mg/L)	Phosphate as Total P (mg/L)	Ortho - phosphate as PO_4 (mg/L)	Iron (mg/L)	Manganese (mg/L)
			Raw (mg/L)	Plant Tap (mg/L)	Distribution (mg/L)		Phenol (mg/L)	Total (mg/L)	Stability (mg/L)					
Max														
Min														
Avg														

Operator of Record: ____________________ Certification Number: ____________________ Date: ____________

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Water Plant/Distribution System Monthly Operating Report (MOR)

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

Reporting Period: _____
Analytical Lab ID: _____
Analytical Lab Name: _____

Chlorine QOR Data	
Chlorine Residual (Total)	
# of RoutineSamples	Avg. Value(mg/L)

Day	Plant Tap / Entry Point						Distribution												Comments
							Lowest		Chlorite / Chlorine Dioxide (mg/L)										
									Chemical		Type		Three Sample Sets						
													FIRST CUSTOMER (FC)			Residence Time in Distribution			
	Copper (mg/L)	Chlorine Dioxide (mg/L)	Exceed	Chlorite (mg/L)	Exceed	Chlorine Residual (Free) (mg/L)	Chlorine Residual (Combined) (mg/L)	Chlorine Residual (Free) (mg/L)	Chlorine Residual (Combined) (mg/L)	Chlorite	ClO_2	Routine	Follow-Up	-0-hrs	+ 6 hrs	+12 hrs	Avg. (AT)	Max (MT)	
Max																			
Min																			
Avg																			

I certify under penalty of law that I have personally examined and am familiar with the data submitted in the MOR; that the data in this report is true, accurate and complete; and I am aware that falsification thereof could result in the imposition of fines and penalties including revocation of my certification as a public water system operator.

EPA 5002 (Rev. 09/10)

Operator of Record: _____ Certification Number: _____ Date: _____