OhioEPA

Division of Drinking and Ground Waters

Water Plant/Distribution System Monthly Operating Report (MOR)

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

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)					

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Chlorine QOR Data	
Chlorine Residual (Total)	
# of RT & RP Samples	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)	