



NHDES DRINKING WATER AND GROUNDWATER BUREAU
Monthly Operating Report (MOR)
Filtered and Fluoridating Surface Water Systems

Rev July 2020

Report Date: Due by 10th day of following month

Name of System: _____

Month, year: _____

Municipality: _____

Filtration Mode: _____

PWS ID#: _____

Turbidity Limit: _____

Date	Raw Water Gallons	Finished Water Gallons	Hours of Operation	Max Turbidity (1)	Min. Chlorine Res. mg/L (2)	Fluoride Added lbs (3)	Fluoride Conc mg/L (4)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals						Count	0.00

Notes:

- 1) Combined filtered water turbidity at entry point to distribution, in NTUs
- 2) Disinfectant residual at entry point to distribution, in mg/L
- 3) Fluoride chemical used: _____ Strength % _____
- 4) Report measured OR calculated Fluoride for ALL days that water is produced.

Avg Fluoride	#DIV/0!
Max Fluoride	0.00
Min Fluoride	0.00
Optim Days	0
>80% Opt?	Yes

Monthly Fluoride certified lab check _____ mg/L Lab: _____ Sample Date: _____

Municipality: _____

PWS ID#: _____

Month, Year _____

- A. Was process waste water recycled through the treatment process this month? Yes ___ No ___
- B. Total hours (in decimals) plant was in operation this month _____
- C. Total hours filtered water turbidity was consistently less than or equal to the applicable turbidity limit _____
- D. Line C divided by line B multiplied by 100 (% of turbidity measurements meetings the turbidity limit) _____
- E. For conventional treatment plants only, has all individual filter monitoring as required per Env-Dw 716 been conducted this month? Yes ___ No ___
- F. Was fluoride concentration measured or calculated for each day the plant was in operation this month? Yes ___ No ___
- G. Record the date and turbidity value for any measurements exceeding 1 NTU (if none, enter "none")

Date:		Turbidity value (NTU):		Date reported to DES:	
Date:		Turbidity value (NTU):		Date reported to DES:	

H. If disinfectant of water entering distribution was less than 0.2 mg/l on any day, record the date, duration of the low level (in hours), and the date reported to NHDES (Low disinfection concentration must always be reported, but is a violation of standards only if the duration is more than 4 hours)

Date:		Duration (hours):		Date reported to DES:	
Date:		Duration (hours):		Date reported to DES:	

I. Distribution system disinfected residual

V for previous month = _____

V for this month = _____

$V = [(c+d+e) / (a+b)] \times 100$ (V shall not exceed 5 for the month for any 2 consecutive months)

- a = _____ # of events where disinfectant residual measurements were taken
- b = _____ # of events where residual was not measured but HPC was measured
- c = _____ # of events where no residual was detected and no HPC was measured
- d = _____ # of events where no residual was detected and HPC was GT 500/ml
- e = _____ # of events where no residual was measured and HPC was GT 500/ml

Notes: GT = greater than HPC = heterotrophic plate counts

IMPORTANT: A supplemental Monthly Operating Report (SMOR) shall be submitted with this report for any month in which individual filter turbidity measurements exceed the conditions in Env-Dw 716.

Prepared by: _____

Date: _____

Primary Operator signature

This report and any required supplemental reports shall be forwarded **within 10 days of the end of the month** to:

NH Department of Environmental Services
 Drinking Water and Groundwater Bureau
 29 Hazen Drive, PO Box 95
 Concord, NH 03302-0095

dwmonitoring@des.nh.gov
 Fax 603-271-5171, Tel 603-271-1746