

KENTUCKY DIVISION OF WATER  
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF:

DEP Form 4012--Revised 07/2006

PWS ID :	PLANT ID:	PLANT NAME:	
PWS NAME:		PLANT CLASS:___	DIST. CLASS:___
AGENCY INTEREST (AI):		DATE MAILED:	_____
SOURCE NAME:		COUNTY:	_____
		_____	_____
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	_____	_____	_____
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE  
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

**TREATMENT PLANTS COMPLETE:**

1. DESIGN CAPACITY (gpm): \_\_\_\_\_
2. TYPE OF FILTRATION USED: \_\_\_\_\_
3. DESIGN FILTRATION RATE (gpm/sq. ft.): \_\_\_\_\_
4. PERCENT BACKWASH WATER USED: \_\_\_\_\_
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: \_\_\_\_\_
6. DATE SETTLING BASIN(S) LAST CLEANED: \_\_\_\_\_

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH  
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID : \_\_\_\_\_  
 PLANT ID: \_\_\_\_\_

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: \_\_\_\_\_  
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
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2												
3												
4												
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30												
31												
TOTAL												
AVERAGE												
MAX												

NUMER DAYS IN OPERATION







KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH  
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWSID: \_\_\_\_\_  
 PLANT ID: \_\_\_\_\_

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: \_\_\_\_\_

\*Please answer Y/N question below this chart.

PAGE 5 OF 11

ANALYTICAL RESULTS (mg/L OR PPM UNLESS OTHERWISE SPECIFIED)											
DAY	FLUORIDE		IRON		MANGANESE				Lowest Daily Chlorine Residual Plant Tap On-Line Chlorine Analyzer	RAINFALL	WATER TEMP.
	RAW	TAP	RAW	TAP	RAW	TAP	RAW	TAP	FREE / TOTAL	INCHES	DEGREES F <sup>0</sup> /C <sup>0</sup>
1											
2											
3											
4											
5											
6											
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31											
AVERAGE									Monthly Minimum	Total Rainfall	
									Number of readings		
									For Free Chlorine, # less than 0.2 mg/L		
									For Chloramines, # less than 0.5 mg/L		

Disinfectant Chloramines? (Y/N)

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH  
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

APPLICABLE TO ALL PLANTS WITH FILTRATION

PWS ID : \_\_\_\_\_

PLANT ID: \_\_\_\_\_

REPORT MONTH/YEAR: \_\_\_\_\_

PAGE 6 OF 11

DAY	FILTER OPERATION										
	TOTAL WASH WATER GALLONS	No: _____ AREA (square feet)		No: _____ AREA (square feet)		No: _____ AREA (square feet)		No: _____ AREA (square feet)		No: _____ AREA (square feet)	
		WASHWATER GALLONS	FILT RUN HRS	WASHWATER GALLONS	FILT RUN HRS	WASHWATER GALLONS	FILT RUN HRS	WASHWATER GALLONS	FILT RUN HRS	WASHWATER GALLONS	FILT RUN HRS
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4											
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6											
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30											
31											
TOTAL											
AVERAGE											

COPY AS NEEDED

PWS ID : \_\_\_\_\_  
 PLANT ID: \_\_\_\_\_

ALL WATER SYSTEMS

REPORT MONTH/YEAR: \_\_\_\_\_

PAGE 7 OF 11

DAY	DISTRIBUTION SYSTEM OPERATION										
	CHEMICALS ADDED			TEST RESULTS							
	CHLORINE BOOSTER	CHLORINE BOOSTER		TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
	LBS	LBS		NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F	
1											
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AVERAGE			Average								
TOTAL			Total Minimum								
			Free Minimum								

Total # Chlorine Samples \_\_\_\_\_  
 # Less than 0.2 mg/L/0.5 mg/L \_\_\_\_\_

Number of Free Residuals: \_\_\_\_\_  
 Number of Total Residuals: \_\_\_\_\_  
 Total # Less than 0.2 mg/L: \_\_\_\_\_  
 Total # Less than 0.5 mg/L: \_\_\_\_\_

Minimum Monthly Free Residual: \_\_\_\_\_  
 Minimum Monthly Total Residual: \_\_\_\_\_

Disinfectant Chloramines? (Y/N)   
 Number of days of operation?



**KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH**  
**WATER TREATMENT PLANT - MONTHLY OPERATING REPORT**

**TURBIDITY REPORT**

**APPLICABLE TO ALL PLANTS WITH FILTRATION**

PWS ID : \_\_\_\_\_

PLANT ID: \_\_\_\_\_

Report Period (MM/YYYY): \_\_\_\_\_

PAGE:  
**8 OF 11**

PWS Name: \_\_\_\_\_

DAY	Hours Plant Operated	# of Turbidity Samples Required*	Mid - 4 am	4 am - 8 am	8 am - Noon	Noon - 4 pm	4 pm - 8 pm	8 pm - Mid	Daily Maximum	
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3										
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Total			TOTAL # OF TURBIDITY SAMPLES TAKEN --							

ARE YOU USING EITHER CONVENTIONAL or DIRECT FILTRATION? (Y/N)

(Any type of filtration besides slow sand)

Number of samples exceeding ---->      0.1 NTU \_\_\_\_\_      0.3 NTU \_\_\_\_\_      1 NTU \_\_\_\_\_  
 For slow sand filtration, the number of samples exceeding --->      1 NTU \_\_\_\_\_      5 NTU \_\_\_\_\_

\*NOTE: The "Number of Turbidity Samples Required" is the number of hours the plant operated divided by 4 rounded up to the next whole number.

I certify that the above turbidity readings were taken every 4 hours during plant operation and in the time frames noted above.

\_\_\_\_\_  
 Signature of Principal Executive Officer or Authorized Agent

\_\_\_\_\_  
 Date







**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH  
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID \_\_\_\_\_

MONITORING PERIOD (MMYYYY) \_\_\_\_\_

**NOTE: COMPLETE ALL APPLICABLE FIELDS.**

**PLANT INFORMATION**

APPLICABLE TO ALL PLANTS	
PLANT ID _____	TOTAL WATER TREATED (gallons) _____
PLANT NAME _____	AVE. DAILY PRODUCTION (gallons) _____
AGENCY INTEREST _____	MAXIMUM PUMPAGE (gallons per day) _____

**INDIVIDUAL FILTER EFFLUENT TURBIDITY**

APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
<b>If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR</b>	

**COMBINED FILTER EFFLUENT TURBIDITY**

APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

**ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION**

APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of lowest chlorine samples recorded _____	
Lowest single chlorine reading _____	
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
<u>Free Chlorine</u> (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
<u>Total Chlorine</u> (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

**CHLORINE DIOXIDE ENTRY POINT MONITORING**

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

**CHLORITE ENTRY POINT MONITORING**

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

\_\_\_\_\_  
Signature of Principal Executive Officer or Authorized Agent

\_\_\_\_\_  
Date

