

# Water Systems Operation Report For Ultraviolet Disinfection Systems In Clinton County

Instructions: Complete form and submit to the Health Department within 10 days of the close of the reporting period

Name of Public Water System _____	PWS ID Number <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">NY 09</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>	NY 09						Reporting Dates / / TO / /
NY 09								

Location (C, V, T) \_\_\_\_\_

Does your system require a pre-treatment turbidity/hardness filter YES \_\_\_\_\_ NO \_\_\_\_\_

Did an emergency occur in any part of the water system? YES \_\_\_\_\_ NO \_\_\_\_\_

Week*	Is UV Light working?	Intensity Meter Level	Checked By	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**SAMPLING INFORMATION**

Population served \_\_\_\_\_

Number of *required routine* samples\* \_\_\_\_\_

Number of *actual routine* samples \_\_\_\_\_

Does an M & AR violation exist? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, check reason(s) below:

\_\_\_\_\_ Actual number of samples fewer than required.

\_\_\_\_\_ Failure to analyze for *E. coli* if there was a positive result for total coliform from routine, repeat or high turbidity sample.

\_\_\_\_\_ Failure to analyze repeat samples.

\_\_\_\_\_ Does an MCL violation exist? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, check reason(s) below:

\_\_\_\_\_ Two or more positive total coliform samples for systems collecting fewer than 40 samples (routine, repeat or hiturb) per month.

\_\_\_\_\_ More than 5% positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

\_\_\_\_\_ When a positive total coliform sample is positive for *E. coli* and a repeat total coliform sample is positive, **OR**, when a positive total coliform sample is negative for *E. coli*, but the repeat total coliform sample is positive and also positive for *E. coli*.

\* Must collect a minimum of 5 routine samples the month following a repeat sample collection.

**Maintenance Information**

Was the quartz sleeve cleaned: YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please give date \_\_\_\_/\_\_\_\_/\_\_\_\_

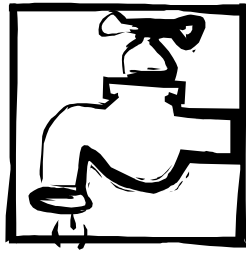
Annual bulb replacement date \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the alarm activate during reporting period? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, what days: \_\_\_\_\_

What action was taken to remedy system failure? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your system have a water softener? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, state the last date of service \_\_\_\_/\_\_\_\_/\_\_\_\_; done by \_\_\_\_\_

What maintenance was done this quarter?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**If the above items are not fully completed, your report CANNOT be entered; therefore, your compliance will not be recorded.**

◆ System must be checked at least once per week.

Reported by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

If NYS Certified Operator, Grade Level & Certification Number \_\_\_\_\_

