DEPARTMENT OF ENVIRONMENTAL QUALITY

MONTHLY OPERATIONAL REPORT
PURCHASE WATER SYSTEMS
CHLORINATION FACILITIES

SYSTEM NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

PWS ID _____ POPULATION SERVED _____ MONTH _____ 20____

DATE	CHEMICALS USED CHLORINE AND RESIDUALS lbs	SERIES 1 PLT	SERIES 1 DIST	SERIES 2 PLT	SERIES 2 DIST
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					
TOTAL					
AVG.					

Meter Reading; Beginning _____
Ending _____
Total water bought _____
Gal. / Month

Water purchased from: (1) _____

(2) _____

(3) _____

Current number of meters: _____

Total amount of water sold _____
Gal. / Month

Type of chlorine used _____

REMARKS: List unusual occurances such as line breaks, power outages, cross-connection discovered, etc and action taken

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

POWER COST _____
LABOR COST _____
CHEMICAL COST _____
REPAIR COST _____
WATER COST _____
TOTAL COST _____
COST/MILLION GAL. _____

BACT SAMPLES SUBMITTED
DURING THE MONTH
(1) NUMBER SAFE _____
(2) NUMBER UNSAFE _____
(3) NUMBER CHECK SAMPLES _____

I hereby certify the above to be correct to the best of my knowledge.

Signed _____

Title _____

Oper. Cert. No. _____

Mail original before the 10th of the following month to:
Department of Environmental Quality
Water Quality Division
PO Box 1677
Oklahoma City, OK 73101-1677

DEQ Form # 630-577C
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