GROUNDWATER MONTHLY OPERATION REPORT
IOWA DNR WATER SUPPLY
Consecutive System

Facility Name: _____ PWSID Number: _____

S/EP #: _____ Month: _____ Year: _____

Day	Pumpage to system in thousands of gallons	Chlorine								Other	
		Free Chlorine (mg/L)				Total Chlorine (mg/L)					
		S/EP		In System		S/EP		In System			
		# of Tests	Avg.	# of Tests	Avg.	# of Tests	Avg.	# of Tests	Avg.		
1											
2											
3											
4											
5											
6											
7											
8											
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25											
26											
27											
28											
29											
30											
31											
Total											
Avg.											
Max.											
Min.											

Maximum Residual Disinfectant Level (MRDL) Calculation

Actual Month/ Year	Number of Samples Used in Calc.	Monthly Average	Running Annual Average (RAA)*

Calculation of maximum disinfectant residual is based on the monthly average of the **Total** chlorine residual measured at the same time compliance bacterial samples are collected (includes Repeat/Check samples but excludes Specials).

***Should not exceed 4.0 mg/L.**

The RAA must be calculated at the end of each calendar quarter and include the previous 12 months.

Comments: _____

I certify that I am familiar with the information contained in this report and that the information is true, complete, and accurate.

DRC Operator or Designee's Signature: _____

Certificate #: _____ Grade: _____ Date: _____