

MONTHLY OPERATIONAL REPORT Groundwater

PWSID NUMBER: **WV** _____

MONTH/YEAR: _____

SYSTEM NAME: _____

PHONE NUMBER: _____

COUNTY: _____

DATE	TOTAL Time Pumped (Hrs)	TOTAL Water Treated (GAL)	CHEMICALS USED		ANALYTICAL RESULTS (Mg/L)							
			<input type="checkbox"/> Gas <input type="checkbox"/> Dry (lbs) <input type="checkbox"/> Liquid (oz)	Corrosion Control (lbs) **	Chlorine Residual		Sampling Location for Total Chlorine Residual	Sampler Initials	Alkalinity or Corrosion Control Residual **	pH		
					Plant Free	System Total				Raw *	Treated	
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												
AVERAGE												
HIGHEST READING												
LOWEST READING												

*RAW ph is an optional measurement. ** Required only if adding a corrosion control chemical (e.g. ash, caustic soda, Aquamag).

I certify the values recorded above are true and accurate to the best of my knowledge.

CERTIFIED BY: _____
(Printed Certified Operator Name Required)

(Certified Operator Signature Required)

Certification #: _____ Expiration Date: _____ Certification Class: _____

Complete and return within 10 days after the end of the month to:
WV Office of Environmental Health Services - Data Management
Capitol and Washington Streets, 1 Davis Square, Suite 200, Charleston, WV 25301-1798
Phone: (304) 558-2981 FAX: (304) 558-0139

PWSID NUMBER: **WV** _____ **MONTH/YEAR:** _____

INDIVIDUAL WELL PUMPING LOG
(Timed Pumped in Hours)

Date	Well #1	Well #2	Well #3	Well #4	Well #5	TOTAL
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						
Average Capacity (gpm)						

REMARKS: _____
