

**MONTHLY OPERATIONAL REPORT****Purchasers**PWSID NUMBER: **WV** \_\_\_\_\_

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

SYSTEM NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

SYSTEM WATER IS PURCHASED FROM: \_\_\_\_\_

COUNTY: \_\_\_\_\_

DATE	SYSTEM CHLORINE RESIDUAL (Total)	SAMPLING LOCATION FOR CHLORINE RESIDUAL (Please Print)	SAMPLER INITIALS	CHLORINE ADDED* (LBS or GAL)	METER READING (GAL)**	WATER PURCHASED (GAL)**
<i>INITIAL METER READING:</i>						
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						

\*Type of Chlorine used:

☐ Gas☐ Sodium Hypochlorite☐ Calcium Hypochlorite☐ None Added

\*\* Optional Information

Water Purchased for the Month: \_\_\_\_\_ Gallons

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

CERTIFIED BY: \_\_\_\_\_

(Certified Operator Printed 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

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