

MONTHLY SURFACE PLANT OPERATION DATA REPORT
TO ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
MONTGOMERY, ALABAMA

Month & Year

Water System Name
Water Treatment Plant Name
PWSID #

RAW WATER SOURCE
Source Name

PLANT CAPACITY
Capacity MGD

ADEM Form #242 7/06 m3

Electronic Submittal
Send To:
MORS@adem.state.al.us

ADEM Form #242 01/03

Mailing Address
ADEM-Drinking Water Branch
P.O. Box 301463
Montgomery, Alabama 36130-1463

MONTHLY PLANT OPERATION DATA REPORT TO ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Month _____
 Year _____

System Name _____ System Name _____
 PWS-ID

0	0	0	1	2	3	4
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Plant Name _____ Plant Name _____
 Raw Source _____ Source Name _____

Day	Pumping Rate				WATER QUALITY CONTROL TESTS																	
	Raw Water Pumped (X1000 gal)	Backwash Water (X1000 gal)	Finished Water to System (X1000 gal)	Maximum Flow (gpm)	Iron		Mn		Total Alkalinity		Temp	pH			CO2	Color			CL02	Chlorite (CLO2 Byproduct)	Cl2 Residual (Minimum)	
					RAW	FIN	RAW	FIN	RAW	FIN	C	RAW	SET	FIN	RAW	RAW	FIN	PPM	PPM	FIN		
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MAX	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MIN	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Water Sold (X1,000 gal) _____

Unaccounted Water (X1,000 gal) 0

Percent Water Loss #DIV/0!

Signed: _____

Title: _____

MONTHLY PLANT OPERATION DATA REPORT TO ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Month _____

System Name _____

Plant Name _____

Year _____

PWS-ID

0	0	0	1	2	3	4
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CHEMICAL FEED RATES

Day	ALUM		Polymer		Lime, Caustic or Soda Ash <small>(Please Indicate Which One)</small>				Chlorine						Carbon or KMNO4 <small>(Please Indicate Which One)</small>		Fluoride			Corrosion Inhibiter		
	LBS/DAY	PPM	LBS/DAY	PPM	RAW	RAW	TREATED	TREATED	RAW	RAW	SET	SET	TREATED	TREATED	LBS/DAY	PPM	LBS/DAY	PPM	Test	LBS/DAY	PPM	
					LBS/DAY	PPM	LBS/DAY	PPM	LBS/DAY	PPM	LBS/DAY	PPM	LBS/DAY	PPM								
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Max	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Min	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

MONTHLY TURBIDITY OPERATION DATA REPORT TO ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Month _____
Year _____

System Name _____
PWS-ID

0	0	0	1	2	3	4
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Plant Name _____
Number of Filters _____

Sand Area Each Filter _____ sq ft
Approved Filter Rate _____ gpm/ft²

Day	Raw Max	MAX SETTLED WATER TURBIDITY				HOURS OF FILTER OPERATION								HIGHEST RECORDED FILTER TURBIDITY FOR EACH DAY							
		Basin 1	Basin 2	Basin 3	Basin 4	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
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Max	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Min	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

MONTHLY FILTER OPERATION DATA REPORT TO ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Month _____

System Name _____

Plant Name _____

Year _____

PWS-ID

0	0	0	1	2	3	4
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Day	MINUTES EACH FILTER BACKWASHED								MINUTES EACH FILTER REWASHED								MAXIMUM POST-BACKWASH SPIKE DURING REWASH							
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
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Alabama Department of Environmental Management
Drinking Water Branch
 Surface Water Treatment Plant Monthly Report
 Additional Reporting Requirements

System Name _____
 PWSID _____
 Plant Name _____
 Month & Year _____

Total Number of Filtered Water Measurements _____
 Number of Required Filtered Water Measurements _____
 Number of Filtered Water Measurements > 0.3 NTU _____

If Above 0.3 NTU, Was Any 2 Consecutive Measurements >0.3NTU? YES NO

If Yes, Date When ADEM Was Notified. _____

Was Any Filtered Water Measurement > 0.5 NTU? YES NO

If YES, Were Any 2 Consecutive Measurements > 0.5 NTU? YES NO

If YES, Was a Filter Profile Completed? YES NO

Date Filter Profile Was Submitted to ADEM. _____

Was Any Filtered Water Measurement > 1.0 NTU? YES NO

If Yes, When Was ADEM Notified? _____

At any time during the month, did the residual disinfectant concentration of water leaving the plant ever fall below 1.0 mg/L for chlorine or 2.0 mg/L for chloramine? YES NO

If YES, did it last more than 4.0 consecutive hours? YES NO

If YES, report the date when ADEM was notified. _____

At any time during the month, did the plant fail to meet its CT Requirement? YES NO

If YES, report the date when ADEM was notified. _____

What Was the Minimum Disinfectant Residual Detected in the Distribution System? _____

What Was the Maximum Disinfectant Residual in the Distribution System? _____

Was there any failure in any continuous monitoring turbidimeters? YES NO

If YES, was turbidity recorded every two hours by other means? YES NO

If YES, was the unit repaired within 48 hours? YES NO

Was each continuous online turbidimeter's accuracy verified weekly? YES NO

Was each benchtop turbidimeter's accuracy verified daily? YES NO

Is all waste water sent to a waste water treatment plant? YES NO

At any point is any waste water recycled in the treatment process? YES NO

Does the plant discharge its waste water (NPDES Permit)? YES NO

If Yes, please fill in block.

NPDES Permit # _____	Results	Permit Limit
Suspended Solids (mg/L)	_____	_____
Aluminum or Iron	_____	_____
Chlorine (TRC)	_____	_____
pH	_____	_____

Comments: _____

I hereby certify that all information contained within this report is accurate to the best of my ability.

Signature _____ Title _____

Printed Name _____ Date _____