



Data and Monitoring Report (DMR)

Permit #: _____ Reporting Period (MM/YYYY): _____

System Address and Phone/Email: _____

Treatment System Manager: _____

Laboratory: _____

Laboratory Phone/Email: _____

Data: *Attach a Microsoft Excel file containing applicable water quality and operations data as specified in the system's Engineering Report and the Rules and Regulations for Alternate Water Systems.*

Operation:

- Y N 1. Were there any alarms, equipment breakdowns, overflows, bypassing or abnormal water quality monitoring results in this reporting period?
- Y N 2. Are any changes planned in the next month that will or has result in a change in the character of the source or treated water?
- Y N 3. Were any calibrations or routine maintenance completed?
- Y N 4. Were any plumbing changes made in the facility (e.g. new fixtures, repairs, pipe replacements)
- Y N 5. Are any changes planned in the next month that will or has result in a change in the character of the source or treated water?

If yes to any of the above, attach documentation or logs describing the event and or circumstances.

For non-operation and/or if end uses were supplied solely by municipal makeup water during the reporting period, check here:

NO USE

TREATMENT SYSTEM MANAGER MUST SIGN:

Signature: _____ Date: _____

Print Name: _____

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

