



**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
MONTHLY OPERATIONAL REPORT for GROUND WATER SYSTEM

Month \_\_\_\_\_ Year \_\_\_\_\_

System name \_\_\_\_\_

PWSID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Date	Water pumped 1,000 Gallons/day	Chlorine added (lbs - or - gallon - or - oz)	Chlorine residual measured			REMARKS:	Special Studies				
			Concentration (ppm or mg/L)				Before Treatment	After Treatment	Before Treatment	After Treatment	
			at Point of Entry	in distribution (time 1)	in distribution (time 2)						
1											
2											
3											
4						<b>Chlorine Type and Concentration</b>					
5						Required to chlorinate	Yes / No				
6						Chlorine type	_____				
7						Concentration or (%)	_____				
8											
9						<b>Static and Pumping levels (in feet)</b>					
10						Well# _____	Static _____	Pumping _____			
11						Well# _____	Static _____	Pumping _____			
12						Well# _____	Static _____	Pumping _____			
13						Well# _____	Static _____	Pumping _____			
14											
15						<i>Static level and pumping level of each well must be determined quarterly.</i>					
16											
17											
18						<b>Alkalinity, pH, and stability</b>					
19						Alkalinity _____	Date _____				
20						pH _____	Date _____				
21						Stability _____	Date _____				
22						Stability test used _____					
23											
24						<i>Alkalinity, pH, and stability must be determined at least monthly for community systems and at least quarterly for non-transient non-community water systems.</i>					
25											
26											
27											
28						Power Cost	\$	-			
29						Labor Cost	\$	-			
30						Chemical Cost	\$	-			
31						Repair Cost	\$	-			
<b>TOTAL</b>	0	0				Total Cost	\$	-			
<b>AVG.</b>						Cost/Million Gallon					

I hereby certify the above to be correct to the best of my knowledge. \_\_\_\_\_ / \_\_\_\_ / 20\_\_

Mail original before the 10th of the following month to:

Department of Environmental Quality  
Water Quality Division  
PO Box 1677  
Oklahoma City, OK 73101-1677