



VERMONT

ENVIRONMENTAL CONSERVATION

FORM

Water Supply Division

Monthly Operations Report
For Domestic Bottled and Bulk Water

For the Month of \_\_\_\_\_ 201\_\_ WSID# \_\_\_\_\_ Name of Water System \_\_\_\_\_
Town/City \_\_\_\_\_ Operator Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the following information:

- 1. Is a master meter which measures total water production of the system installed and functioning YES [ ] NO [ ] (all water systems shall have an acceptable means of metering the finished water. If NO, skip to item 5)
2. Meter Reading on Last day of reporting month: \_\_\_\_\_ Gallons
3. Meter reading on Last day of previous month: \_\_\_\_\_ Gallons
4. Difference in readings: \_\_\_\_\_ Gallons (If NO, water was produced for bottled or bulk delivery during the month, report "O.")
5. Calculate total amount of water produced for the month: \_\_\_\_\_ Gallons (i.e., Bulk tank, size "x" number of tanks or bottles/month; show your work)
6. Have the results of all water quality compliance analyses performed during this month been submitted to the Water Supply Division? YES [ ] NO [ ] (If NO, please submit a copy of all results with this monthly report.)
7. You must complete the reverse side of the form and report treatment(s) concentration and the daily value for the amount of water produced (review section III of the water system's operating permit, or temporary permit to operate).

I certify, as the owner or authorized representative\* of this water system, that I have completed this form, or reviewed it if completed by another, and that I have taken the necessary steps to ensure that the information shown is correct. In making this certification, I understand that civil and or criminal penalties may be imposed for submitting false information.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Please Type or Print Name \_\_\_\_\_

\*Owner means the person who owns or has an ownership interest in a Public or Non-public water system. An Owner may designate an Authorized Representative that has the authority to act on the owner's behalf in all matters regarding the Public or Non-public water system, and is designated to be the contact person in place of the owner for all communications from the Secretary regarding the water system. A form designating an authorized representative and signed by the Owner must be on file with the Water Supply Division.

## Domestic Bottled and Bulk Water

For the Month of \_\_\_\_\_ 201\_\_ WSID# \_\_\_\_\_ Name of Water System \_\_\_\_\_

Bottling Line/# Size: \_\_\_\_\_ (separate page necessary for each bottling line/tanker)

Minimum free chlorine residual required for 4 Log viral inactivation (mg/l): \_\_\_\_\_

Day of Month	Water Production	Disinfection/Chlorination (Free Chlorine in mg/l)	Fluoride (mg/l)	pH (Only if providing corrosion control)	Ozone or UV Light YES/NO
	*Metered Values (Gallons/Day)	End of Bottling Line/Tanker	End of Bottling Line/Tanker	End of Bottling Line/Tanker	End of Bottling Line/Tanker
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					
Totals		NA	NA	NA	NA

\*If metered value cannot be provided, please give the calculated amount (see pg. 1, item 5)

**Please submit this form within 10 days after the end of the month to the following address:**

Water Supply Division  
 103 South Main Street  
 Waterbury, VT 05671-0403  
 Toll free 1-800-823-6500 Out of State 1-802-241-3400  
 Fax 1-802-241-3284  
 This (fact sheet/form/application) is available electronically at <http://www.vermontdrinkingwater.org>