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| --- |
| I. PWS INFORMATION:  |
|  |
| **PWSID#:** |       | **PWS Name:** |       | **Treatment Plant Name:** |       |
|  |
| **Reporting Period:** |       | **UV Reactor Manufacturer:** |       | **UV Reactor Model:** |       | **Date UV first went online:** |       |
|  |  |
| **II. REPORTING:** |
|  |
| This form is not to be used for SWTR or GWR Compliance |
|  |  |
|  |
| Date | Volume of Water through UV Unit (gal.) | UV Intensity(mJ/cm2 or %) | Comments and Daily Record of Maintenance 1 |
| 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 |       |       |       |
| 1. Examples: lamp replacement, quartz sleeve cleaning, periodic checks, meter calibration, leak repairs, ballast replacement, etc. In accordance with *MassDEP Guidelines & Policies (Section 5.4.6(9)(c))* the sensor(s) shall be checked every six months, the quartz shall be checked/cleaned every other month, lamp(s) shall be replaced yearly, and quartz sleeve(s) replaced every five years.
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| *I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.* | **PWS Authorized Signature:** |  |
| **Date:** |  | **Title:** |       |
| **Phone:**  |       | **Fax:** |       | **Email:** |       |
|  |  |  |  |  |  |