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| I. PWS INFORMATION: | | | | | | | | | | | | | | | | | | | | | | |
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| **PWSID#:** | | |  | | | **PWS Name:** | | | |  | | | | | | | | | **Treatment Plant Name:** | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Reporting Period:** | | | |  | | | | **UV Reactor Manufacturer:** | | | |  | | | **UV Reactor Model:** | |  | | | **Date UV first went online:** | |  | | |
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| **II. REPORTING:** | | | | | | | | | | | | | | | | | | | | | | |
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| This form is not to be used for SWTR or GWR Compliance | | | | | | | | | | | | | | | | | | | | | | |
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| Date | Volume of Water through UV Unit (gal.) | | | | | | UV Intensity  (mJ/cm2 or %) | | | | | | | Comments and Daily Record of Maintenance 1 | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | |
| *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:** | |  | | | | |
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