|  |
| --- |
| I. PWS INFORMATION:  |
|  |
| **PWSID#:** |       | **PWS Name:** |       | **PWS Town:** |       |
|  |
| **Reporting Period:** |       | **WTP Name: WTP ID:** |       | **Total # of reactor at WTP:**  |       | **Date reactor first went online:** |       |
|       |
|  |  |
| **II. UV REACTOR INFORMATION:** |
|  |
| Type of reactor pressure: | Medium [ ]  Low[ ]   | Max. validated flow rate: |       MGD[ ]  or gpm [ ]  |
| Reactor manufacturer: |       | Min. validated UVT: |      % |
| Number of lamps/reactor: |       | Min. required UV Dose: |       RED mJ/cm2 |
| Number of sensors/reactor: |       | Min required UV intensity: |       mJ/cm2 |
| Target log inactivation: |       |  MassDEP validation approval date: |       |
|  |  |
| **III. DAILY REPORTING FOR REACTOR ID #**       |
| Day | **Run** **Time (Hrs.)** | **Total Production (gal or MGD)** | **Max. Flow (2)****(gpm or MGD)** | **Min. UV****Dose(2)****(mJ/cm2)** | **Min. UVT(2)****(%)** | **Off-Spec.****Events?** **(Y/N)?(3)** | **Instrument****Calibration(4)****(“S”,”T” “Q”)** | **Operational Notes***(Attach additional sheets as needed)* |
| 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 |       |       |       |       |       |       |       |       |
| TOTAL |       |       |  |
| ***(1)Use a separate form for each reactor. Reactors using the Calculated Dose Approach must submit form UV-CDA.******(2)Flow rate, UV Dose (RED calculated using validation dose-monitoring equation) and UV Transmittance must be monitored and recorded continuously (at least every 5 minutes) The maximum and minimum values for this reporting form are for those recorded at least every five minutes.******(3)Any Off-Specification events must be reported to MassDEP on Form UV-OFF SPEC.******(4)Use the following letters to denote days when UV equipment has been calibrated: “S” = Intensity Sensors, “T” = UV Transmittance Analyzers, “Q” = Reactor Flow Meters. Equipment Calibration Records must be reported to MassDEP on Form UV-CAL.*** |
| *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:****Email:** |       |
| **Phone:**  |       | **Fax:** |       |       |