



County of Santa Cruz

Health Services Agency - Environmental Health

701 Ocean Street, Room 312, Santa Cruz, CA 95060
(831) 454-2022 TDD/TTY - Call 711 <http://www.scceh.org>
EnvironmentalHealth@santacruzcounty.us



REPORT DATE: _____

Monthly Treatment Plant Operations Report

I. System Information:

Water System Name		Water System #	CA4400
Chemical(s) being treated			
Type of treatment employed			

II. Sampling of Finished Water

For the finished water, provide the last three analytical results for each chemical being treated. Please provide unit of measurement.

Chemical Treated	Last 3 Finished Water Analytical Results		
<i>Month tested</i>			

III. Sampling of Raw Water

For the raw water, provide the last three analytical results for each chemical being treated. Please provide unit of measurement.

Chemical Treated	Last 3 Raw Water Analytical Results		
<i>Month tested</i>			

V. Volume of Water Treated

Provide the total volume of water treated in the previous month

<i>(Month)</i>	
Water Volume Treated (gal)	

IV. Filtration

Does this treatment plant utilize filtration? Yes No

If yes, provide the following information, as available.

<i>(Last Three months)</i>			
Filtration System Flow Rate			
Filter Pressure Differential			

If your system is unable to determine the information above, it is highly recommended that equipment be installed to allow measurement. Declining flow rates and increasing pressure differentials are indicators that filter media is reaching the end of its service life.

V. Chlorination of Finished Water

Does the water system provide continuous chlorine disinfection? Yes No

If yes, provide the average chlorine residual within the distribution system.

<i>(Last Three months)</i>			
Avg. Distribution Chlorine Residual			

In the past month, did a distribution chlorine residual ever measure below 0.2mg/L? Yes No

If yes, please provide some information in the Comments section.

VI. Comments

Please provide any additional information from the previous month
(e.g., filters cleaned, chlorinator repaired, etc).

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Santa Cruz County Environmental Health Division Contact Information:

Nathan Salazar, DI, T2, REHS – Drinking Water Program (831) 359-0856 Evening: (831) 345-1382

County of Santa Cruz Health Services Agency, Environmental Health Division (831) 454-2022 (day or night, leave message)

VI. Prepared by

System Representative Name			
System Representative Title			
Signature		Date	