Drinking Water and Groundwater Protection Division

## Monthly Operations Report for Groundwater Systems and Systems Purchasing Groundwater

For the Month of November 2018 WSID#_	5096 Name of Water Sys	stem Jericho Underhill Wat	er District				
Town/City <u>Underhill</u>	_ Operator Name <u>Marc Mah</u>	eux Phone:	802-899-3810				
Please provide the following information	on:						
1. Is a master meter which measures total water production of the system installed and functioning YES $\boxed{\mathbf{X}}$ NO $\boxed{}$ (If YES, please complete items 2-6; if NO, skip to item 5)							
<ol> <li>Meter Reading on Last day of re</li> <li>Meter reading on Last day of pre</li> </ol>							
4. Difference in readings:1,130,	.400 Gallons						
<ol><li>Have the results of all water qua the Water Supply Division? YES</li></ol>		formed during this month be	en submitted to				
(If NO, please submit a copy of	all results with this monthly	report.)					
<ol><li>If you disinfect, fluoridate or other permit requires that you report this form.</li></ol>							
<ul> <li>If so, were grab sample returned to service? YE</li> <li>If continuous monitorin Date &amp;</li> </ul>	ing equipment fail at any times collected every 4 hours un	ne this month? YES  NO til continuous monitoring equ					
I certify, as the <b>owner or authorized repres</b> reviewed it if completed by another, and that I correct. In making this certification, I underst information  **Max** Mukhy** 12/1/18	I have taken the necessary s and that civil and or criminal	teps to ensure that the informal penalties may be imposed for	mation shown is				
Signature 12/1/18 Dat	Marc M Please	aneux Type or Print Name					
*Owner means the person who owns or has a may designate an <b>Authorized Representati</b> regarding the Public or Non-public water syste	an ownership interest in a Pu ve that has the authority to a	blic or Non-public water syst act on the owner's behalf in a	all matters				

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signed by the Owner must be on file with the Drinking Water and Groundwater Protection Division.

communications from the Secretary regarding the water system. A form designating an authorized representative and

## **Groundwater Systems and Systems Purchasing Groundwater**

For the Month of November 20 18WSID# 5096 Name of Water System Jericho Underhill Water District

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

Day of Month	Water Production	Disinfection/Chlorination (Free CL, in mg/l)		Fluoride (mg/l)	PO4
	Metered Values (Gallons/Day)	Entry Point Daily Low <sup>1</sup>	Distribution System (When taking coliform sample)	Entry& Distribution Point	Entry Point
1	45700	0.14		1.0	1.40
2	38514	0.10		0.9	1.48
3	38514	0.07		0.8	1.48
4	38514	0.16		0.9	1.44
5	38514	0.23		1.0	1.40
6	38514	0.13		1.0	1.52
7	38514	0.07		1.0 #160	1.52
8	38514	0.06		0.9	1.52
9	38386	0.14		1.1	1.55
10	38386	0.15		1.0	1.55
11	38386	0.13		1.0	1.55
12	38386	0.11		1.0	1.55
13	38386	0.12		1.0	1.55
14	38386	0.20		1.0 #161	1.57
15	38386	0.11		1.0	1.50
16	36071	0.18		1.0	1.55
17	36071	0.11		1.0	1.55
18	36071	0.18		0.9	1.53
19	36071	0.14		1.0 #162	1.53
20	36071	0.18		1.0	1.76
21	36071	0.23		1.0	1.58
22	36071	0.11		1.0	1.58
23	37029	0.23		1.1	1.31
24	37029	0.11		1.0	1.31
25	37029	0.24		1.1	1.21
26	37029	0.16		1.2	1.34
27	37029	0.10		1.1	1.34
28	37029	0.16		1.1 #163	1.49
29	37029	0.24		1.1	1.40
30	34700	0.17		1.2	1.67
31					
Totals	1130400	0.14			1.44

Note: 1 Daily low for systems with continuous monitoring. Others – during the hour of peak flow.

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

Drinking Water and Groundwater Protection Division 1 National Life Drive, Main, 2<sup>nd</sup> Floor Montpelier, VT 05620-3521 Toll free 1-800-823-6500 Out of State 1-802-241-3400 Fax 1-802-828-1541

This form is available electronically at <a href="http://www.vermontdrinkingwater.org">http://www.vermontdrinkingwater.org</a>