

**PUBLIC WATER SYSTEM INFORMATION:**

PWS Name: \_\_\_\_\_  
STU Name: \_\_\_\_\_  
PWS #: \_\_\_\_\_ STU #: \_\_\_\_\_

**LABORATORY INFORMATION:**

Reporting Period: \_\_\_\_\_  
Analytical Lab: \_\_\_\_\_ ID: \_\_\_\_\_

**NOTICE:** This report is required under Sections 6109.04 and 6109.12, Ohio Revised Code.  
Non-Compliance may result in civil penalties up to a maximum of \$25,000 per violation per Section 6109.13 and 6109.33

Month	Total number Chlorine Residual Samples Taken	Average Total Chlorine Residual, mg/L
		1)
		2)
		3)
Number of Months in Quarter	<b>3</b>	Quarterly Total Chlorine Average, mg/L $\frac{\text{Line 1} + \text{Line 2} + \text{Line 3}}{3}$ (or, 1 if only one sample per quarter)

Year and Quarter Number	Reported Quarterly Average

Running Annual Average for Total Chlorine Residual, mg/L (sum of Reported Quarterly Averages) ÷ 4	
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**I Certify under penalty of law that I have personally examined and am familiar with the data submitted in this MOR; that the data in this report is true, accurate and complete; and I am aware that falsification thereof could result in the imposition of fines and penalties including revocation or suspension of my certification as a public water system operator.**

Name of Certified Operator and Certification Number:

Signature of Responsible Official:

Date: