MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION
ENVIRONMENTAL HEALTH SECTION

ARSENIC TREATMENT MONTHLY OPERATION REPORT – REVERSE OSMOSIS & CARTRIDGE FILTER

Facility Name____________________________________ WSSN____________________

Certified Operator________________________ #_________ Month/Year: ________/________

Day	Flow Meter Reading (Gallons)	Arsenic Treated (mg/L)	Filter Changes (Y/N)	Visual Inspection (Y/N)	Comments	Inspected By
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Operator Signature____________________________________ Date____________________

See back for instructions on completing form

Completion of this form is required by Rule 325.11502, 1976 PA 399

Submit a copy of this MOR to the Local Health Department within 30 days after the end of the month