



**ARSENIC TREATMENT MONTHLY OPERATION REPORT –
 MEDIA ADSORPTION (WITHOUT CHLORINE)**

Facility Name _____

WSSN _____

Certified Operator _____ # _____

Month/Year: _____ / _____

| Day | Flow Meter Reading (Gallons) | Arsenic Treated (mg/L) | 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.