



**ARSENIC TREATMENT MONTHLY OPERATION REPORT –
 GREENSAND FILTER (WITH POTASSIUM PERMANGANATE)**

Facility Name _____

WSSN _____

Certified Operator _____ # _____

Month/Year: _____ / _____

Day	Flow Meter Reading (Gallons)	Arsenic Treated (mg/L)	Check Permanganate Injection System (Y/N)	Visual Inspection (Y/N)	Comments	Inspected By
1						
2						
3						
4						
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30						
31						

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.