

Monthly Algae Monitoring Report

Water System Name: _____ Water System Code: _____ Month: _____ Year: _____ Operator-in-charge (Print): _____ Other Operators (Print): _____ _____	Required Instructions: <ul style="list-style-type: none"> Complete the form weekly If a bloom is present, take photos and report the bloom your regional Drinking Water Officer (DWO) Submit the completed form to your regional DWO after the first week in October Optional Instructions (following the presence of a bloom): <ul style="list-style-type: none"> If using test strips, test the raw water every three days until bloom has passed, if toxins are present, contact your regional DWO and test the treated water If you are unsure if your treatment can effectively remove microcystin toxins, contact your regional DWO
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Visual Inspection

Required	Week of																		
	Date/Initials																		
	Temperature																		
	Location	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)	Absent (X)	Present (X)
	Source																		
	Wet Well																		
	Clarifier																		
	Filters																		
	Other																		

Optional	Date/Initials																		
	Location	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)	N/A	Positive (X)
	Raw water test strip																		
	Treated water test strip																		
	Treated water Laboratory																		

Submitted by (Print): _____ Signature: _____