

## Weekly Algae Monitoring Report

|  |   |
|--|---|
| Water System Name: _____<br>Water System Code: _____<br>Year: _____<br>Operator-in-charge (Print): _____ | <b>Required Instructions:</b> <ul style="list-style-type: none"> <li>Complete the form weekly in accordance with the ODW-OG-20</li> <li>If a bloom is present, report to your regional Drinking Water Officer (DWO) for additional instructions.</li> <li>Collect a raw water sample (prior to any chemical addition) in August and submit to the laboratory for total microcystin analysis. Copy your regional DWO on the chain of custody.</li> <li>If you are unsure if your treatment can effectively remove microcystin toxins, contact your regional DWO</li> </ul> |
|--|---|

### Visual Inspection

| REQUIRED (VISUAL INSPECTION)                     |           |  |  |  |  |  |  |  |  |
|--|-----------|--|--|--|--|--|--|--|--|
| Week of (MM DD-DD)                               |           |  |  |  |  |  |  |  |  |
| Date/Initials                                    |           |  |  |  |  |  |  |  |  |
| Temperature                                      |           |  |  |  |  |  |  |  |  |
| Absent (A), Present (P), or Not Applicable (N/A) |           |  |  |  |  |  |  |  |  |
| Location   | Source    |  |  |  |  |  |  |  |  |
|  | Wet Well  |  |  |  |  |  |  |  |  |
|  | Clarifier |  |  |  |  |  |  |  |  |
|  | Filters   |  |  |  |  |  |  |  |  |
|  | Other     |  |  |  |  |  |  |  |  |
| Treated water Laboratory (Optional)              |           |  |  |  |  |  |  |  |  |

Submitted by Operator-in-charge (Print): \_\_\_\_\_ Signature: \_\_\_\_\_