Reporting Period: _____
System/Treatment Plant: _____
PWSID: _____
Signature of Principal Executive: _____ Date: _____
Officer or Authorized Agent: _____ Date: _____

			Off-Specification Data	
Unit Number	Total Run Time (hrs)	Total Production (MG)	Number of Off-Specification Events	Total Off-Specification Volume (MG)
Total				

Compliance Certification

Total Volume of Off-Specification Water Produced (MG) [A] _____
Total Volume of Water Produced (MG) [B] _____
Total Off-Specification Water Produced (% of Volume of Water Produced) ([A]/[B]*100) _____

Facility Meets Off-Specification Requirement (< 5% of Volume on a Monthly Basis) (Y/N) _____

Of the _____ sensors, _____ have been checked for calibration and _____ were within the acceptable range of tolerance.

The Following Reactors had a Sensor Correction Factor

Reactor Number	Sensor Correction Factor