VERMONT MONTHLY WATER SYSTEM OPERATIONS REPORT
FOR GROUND WATER SOURCES
AND
SYSTEMS PURCHASING WATER FOR RESALE

Reporting for the month of March 20 00

Name of Water System: JERICHO UNDERHILL WATER DISTRICT

WSID * 5096 Town: Underhill

Operator Name: MARC MAHEUX Phone (Work): 899-2981

Please provide the following information".

1. Is a master meter which measures total water production of the system installed and functioning?
(YES) [NO] (Please circle one)

If [YES], please complete Items 2-6; if [NO], skip to Item 5

2.	Meter reading on LAST day of Reporting month:	84874100	Gallons
3.	Meter Reading on LAST day of Previous month:	83455600	Gallons
4.	Difference in Readings (Total Production) :	1418500	Gallons

5. Have the results of all water quality compliance analyses performed during this month been submitted to the Water Supply Division? (YES) [No] (Please circle one)

(if NO, please submit a copy of all results with this monthly report.)

Only samples submitted to the Vermont Department of Health Laboratory in Burlington are reported to the state automatically. All other sample results, such as from private laboratories, must be submitted by you with this report. All compliance samples must be analyzed by a laboratory certified by the State of Vermont to analyze for the specific constituent.

6. If you disinfect/chlorinate or fluoridate your water on any day of this monthly report, or if your operating permit requires that you report daily values for flow (or other), you must also complete the reverse side of this form.

I certify, as the responsible person of this water system, that I have completed this form, or reviewed it if completed by another, and that I have taken the necessary steps to ensure that the information shown is correct. In making this certification, I understand that civil and/or criminal penalties may be imposed for submitting false information.

Marc Maheux 4/2/00 Marc Maheux

Signature Date Please Type or Print Name

"Responsible Person means the owner, co-op president, elected or appointed official, or other person with general management, financial, operational and maintenance responsibilities for a water system."
Please submit this form within ten (1 0) days after the end of the month to:

Water Supply Division
Attn: Laura Lafleur
103 So. Main St.
Waterbury, VT 05671-0403

Please check here
if you need more forms

FORM 3 (07/96)

Questions? Please call 1-800-322-6500
- OVER -

VERMONT MONTHLY WATER SYSTEM OPERATIONS REPORT

SUPPLEMENTAL INFORMATION

For the month of - March 20 ___

NOTE: This Side of The Form Must be Completed if You:

1) Disinfect/chlorinate your water on any day(s) of the month. (Column 2)
2) Fluoridate your water. Daily values are required by Rule. (Column 3)
3) Are required by your Operating Permit to report daily values.

Day of the Month	Water Production	Disinfection/Chlorination (Free CL, in mg/l)	Fluoride (mg/l)	Other (Describe)
	(Column 1) Metered Values (Gallons/Day)	(Column 2) Dist. System Residual Analysis	(Column 3) Entering Distribution System	(Column 4) PO_4
1	42157			
2	42157			
3	42157			
4	42157			
5	42157			
6	42157			
7	42157			
8	45429			
9	45429			
10	45429			
11	45429			
12	45429			
13	45429			
14	45429			
15	45214			
16	45214			
17	45214			
18	45214			
19	45214			
20	45214			
21	45214			
22	48586			
23	48586			
24	48586			
25	48586			
26	48586			
27	48586			
28	48586			
29	49600			
30	49600			
31	49600			
Totals	1418502	N/A	N/A	N/A

Questions? Please Call 1-800-823-6500