

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

Reporting for the month of: FEBRUARY 2023
Name of Water System: Jericho Underhill
WSID#: 5096 Town: jericho
Operator Name: BRIAN PICOTTE Phone (802): 881-6496

Please provide the following information:

- 1.) Is a master meter which measures total water production of the system installed and functioning? YES
if (YES), please complete items 2-7; if (NO), skip to item 5
- 2.) Meter reading on LAST day of Reporting month: _____ Gallons
- 3.) Meter Reading on LAST day of Previous month: _____ Gallons
- 4.) Difference in Readings (Total Production): 1,127,153 Gallons
- 5.) Have the results of all water quality compliance analyses performed during this month been submitted to the Water Supply Division? YES

(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.) Has the water been disinfected, flouridated, or otherwise treated on any day this month? YES
- 7.) 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 complete the reverse side of this form.

I certify, as the **owner or authorized representative*** 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.


Signature _____ Date 3/8/23

Lance Perlee
Please Type or Print name

* **Owner** means the person who owns or has an ownership interest in a Public or Non-public water system. An owner may designate an **Authorized Representative** that has the authority to act on the owner's behalf in all matters regarding the Public or Non-public water system, and is designated to be the contact person in place of the owner for all communications from the Secretary regarding the water system. A form designating an authorized representative and signed by the owner must be on file with the Water Supply Division

Please submit this form within ten (10) days after the end of the month to:

VT ANR, Dept of Environmental Conservation
Drinking Water and Groundwater Protection Division
One National Life Drive, Main Bldf., 2nd Floor
Montpelier, VT 05620-3521

VERMONT MONTHLY WATER SYSTEM OPERATIONS REPORT

SUPPLEMENTAL INFORMATION

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

1.) Disinfect/chlorinate your water on any days(s) of the month. (Columns 2,3)

2.) Are required by your Operating Permit to report daily values:

	Water Production	Disinfection/Chlorination (free C1 2 in, mg/l)		Floride (mg/l)	
Day of Month	(column 1) Metered Values (Gallons/Day)	(column 2) Entering Distribution System	(column 3) Dist. System Residual Analysis	(column 4) Entering Distribution System	(Column 5)
1	64,111	0.26		0.90	
2	36,594	0.21		1.00	
3	34,284	0.18		0.90	
4	36,608	0.23		1.10	
5	63,108	0.19		0.80	
6	35,442	0.49		0.80	
7	35,520	0.18		0.90	
8	36,007	0.36		0.90	
9	64,944	0.21		0.90	
10	34,570	0.53		1.00	
11	36,819	0.24		0.90	
12	38,640	0.30		0.80	
13	34,652	0.27		0.90	
14	38,735	0.34		0.90	
15	36,862	0.32		0.80	
16	59,212	0.33		0.70	
17	39,326	0.44		0.80	
18	33,629	0.27		0.70	
19	35,921	0.37		0.90	
20	36,579	0.47		0.90	
21	34,960	0.33		0.90	
22	36,252	0.55		0.70	
23	60,072	0.37		0.90	
24	33,399	0.26		0.80	
25	31,564	0.33		0.80	
26	33,664	0.60		0.80	
27	32,924	0.27		0.80	
28	32,761	0.34		0.90	
29					
30					
31					
Totals	1127159	N/A	N/A	N/A	N/A

QUESTIONS? Please Call 1-800-6500