



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES, COMPLIANCE AND ENFORCEMENT UNIT**

William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

MONTHLY MICROBIOLOGICAL and DISINFECTANT MONITORING REPORT

Public Water System Name _____	Phone: _____
Address _____	County: _____

Bacteriological Monitoring ⁽¹⁾

PWSID	Contaminant ID	Analysis Method	Sample Period Begin	End
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Total Number Of Routine Distribution Samples Analyzed	Total Number Of Positive Samples Analyzed ⁽²⁾	Total Number Of Repeat Samples Analyzed ⁽²⁾	Laboratory ID	Laboratory Name
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	_____
		Date of First Sample	Date of Last Sample	
		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

Disinfectant Residual Monitoring ⁽³⁾

Lowest Residual Measured (mg/L)	Average Residual Measured (mg/L)	Number of Samples below 0.2 mg/L	% of Samples 0.2 mg/L or higher
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Notes

- (1) This form is to be submitted for systems reporting 10 or more bacteriological compliance samples during the reporting period.
- (2) All positive and repeat samples must be reported on Form CN-0800, Bacteriological Analysis Detail.
- (3) Systems supplying chlorinated water must monitor disinfectant residuals at the same locations and frequencies as total coliform sampling is required.

Administrative Information

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Responsible Official: _____ Phone: (____) _____

Program Contact: _____ Phone: (____) _____

Technical Contact: _____ Phone: (____) _____

Return to: Tennessee Division of Water Resources, Compliance and Enforcement Unit, William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243-1102

Instructions for Form CN-0780

Bacteriological Monitoring

PWSID	Enter the PWSID number of the water system whose results are being reported.
Contaminant ID	For monitoring under the Total Coliform Rule, enter "3100".
Analysis Method	Enter one of the following method code values indicating the type of method used to analyze the sample: 9221 – Multiple Tube Fermentation 9222 – Membrane Filtration 9223 – Coliform Presence/Absence
Sample Period Begin	Enter the first date of the sampling period for which results are being reported (mmddyy)
End	Enter the last date of the sampling period for which results are being reported (mmddyy)
Total Number of Routine Distribution Samples Analyzed	Enter the number of routine distribution samples analyzed during this reporting period.
Total Number of Repeat Samples Analyzed	Enter the number of repeat samples analyzed during this reporting period.
Total Number of Positive Samples	Enter the total number of positive distribution and repeat samples analyzed during this reporting period. Note: Form CN-0800 must be completed for all positive and repeat samples.
Laboratory ID	Enter the ID number and name of the laboratory performing the analysis.
Date of First Sample	Enter the sample date of the first TCR sample taken during this reporting period.
Date of Last Sample	Enter the sample date of the last TCR sample taken during this reporting period.

Disinfectant Residual Monitoring

Lowest Residual:	Enter the lowest residual measured from all distribution system measurements.
Average Residual:	Enter the arithmetic average residual calculated from all distribution system measurements.
Number below 0.2 mg/L:	Enter the number of residual measurements below 0.2 mg/L.
% of Samples 0.2 mg/L or higher:	Enter the calculated percentage of measurements that were 0.2 mg/L or higher. Example: 35 measurements above 0.2 mg/L divided by 40 measurements = 87.5 %.