



Public Water Supply Nitrate Monitoring Report

(See back for instructions)

Facility Name: _____ **PWSID** _____

Type of nitrate removal in use: Anion Exchange Reverse Osmosis

Month _____ **Year** _____ **Reviewed by MDH:** _____

Day	Time	Nitrate Concentration (mg/L)	Treated Water Sample Location	Water Meter Reading (gal)	Person Analyzing Sample
1					
2					
3					
4					
5					
6					
7					
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I certify that the information contained in this report is correct, and the water treatment was operated in accordance with the operational parameters established by the Minnesota Department of Health.

_____ (Operator Signature) Date Signed: _____

**Instructions for Completing the
Nitrate Monitoring Report**

- 1. Using a nitrate test kit, routinely monitor the nitrate level at a tap located after the water treatment system. Monitoring should be conducted no less than once per week.**
2. Record the time the sample was taken, the nitrate concentration, and the sample location.
3. Record the water meter reading at the time of sampling.
4. Record the name of the person who analyzed the sample.
5. If the sample exceeds 10 mg/L, contact the Minnesota Department of Health (MDH) at 651/201-4700 by the end of the business day. Your water treatment vendor should also be contacted to verify proper operation of the treatment equipment.

Keep a copy of the completed form on-site and available for review by MDH for a period of no less than three years.

Additional copies of the form can be accessed at:
<http://www.health.state.mn.us/divs/eh/water/forms/index.html>

If you have any questions call 651/201-4700.

Minnesota Department of Health
Drinking Water Protection Section
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