



Division of Water Supply & Geoscience - Bureau of Safe Drinking Water  
401 East State Street, P.O. Box 420  
Trenton, New Jersey 08625-0420  
Tel (609) 292-5550 Fax (609) 292-1654

**Disinfectant Residuals Reporting Form**

**DR**

System Name: Atlantic Highlands PWSID # 1304001  
Address: 25 West Lincoln Avenue  
City: Atlantic Highlands State: N.J. Zip: 07716

*Second Quarter  
2021  
Mailed 7/6/21  
Rovardo P.O.*

Monitoring Period:	Month <b>Apr/Jun</b>	Year <b>2021</b>
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**Section A to be completed monthly by all surface water systems**

<b>A</b>	<b>Monthly Report on Disinfectant Residual at TP</b>		
<b>Check here if residual entering the distribution system was less than 0.2mg/l for more than 4 hours</b>			
Lowest Measurement of Disinfectant Residual in Water Entering Distribution System	Number of Days Disinfectant Residual was less than 0.2mg/l	Longest Duration Disinfectant Residual was less than 0.2mg/l (Hours)	
mg/l			
<b>NOTE: For each day report the lowest residual concentration on the Monthly Operator's Report</b>			

**Section B to be completed monthly by all surface water and surface water purchasing systems**

<b>B</b>	<b>Monthly Report on Disinfectant Residuals in the Distribution System</b>						
<b>###</b>	<b>Check here if not in compliance with maintaining a residual in 95% of distribution samples</b>						
Number of Measurements Required in Month	Number of Measurements taken in month	No. of instances where residual disinfectant concentration is measured in month, regardless of whether a residual was detected or not <b>A</b>	No. of Instances where HPC is measured <b>instead</b> of disinfectant residual concentration in month <b>B</b>	No. of instances where no residual is detected* and no HPC is measured in month <b>C</b>	No. of instances where no residual is detected* and HPC > 500 cfu/ml <b>D</b>	No. of instances where residual disinfectant concentration is not measured and HPC > 500 cfu/ml <b>E</b>	V = $\frac{(C+D+E)}{(A+B)} \times 100$ <b>#DIV/0!</b>

\*Detectable disinfectant residual means a chlorine residual of at least 0.05 mg/l (free chlorine, combined chlorine or chlorine dioxide), or a heterotrophic plate count of 500 cfu/ml or less, at the point of collection (N.J.A.C. 7:10-1.3)

**Section C to be completed quarterly by any system that adds a chemical disinfectant or delivers water previously treated with a chemical disinfectant**

<b>C</b>	<b>Quarterly Report on Disinfectant Residuals in the Distribution System</b>					
<b>Check here if not in compliance with MRDL limit of 4.0mg/l</b>					<b>Note: Use Form BSDW-26 to report Chlorine Dioxide Residuals</b>	
Month	Check if Chlorine	Check if chloramine	Number of Samples in Month	Average of Monthly Results (mg/l)	Current Quarterly Average of Monthly Results (mg/l)	Monitoring Period (Check one)
1	<input checked="" type="checkbox"/>		6	0.4		<input type="checkbox"/> 1st (Jan-March)
2	<input checked="" type="checkbox"/>		6	0.4		<input checked="" type="checkbox"/> 2nd (Apr - June)
3	<input checked="" type="checkbox"/>		6	0.4		<input type="checkbox"/> 3rd (July - Sept)
						<input type="checkbox"/> 4th (Oct - Dec)
Previous Quarter Avg.		Previous Quarter Avg.		Last Quarter Avg.	Running Annual Average (mg/l)	
0.5		0.4		0.4	0.4	

I certify that these samples were collected and analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection

Name: \_\_\_\_\_  Laboratory  Approved Party  
 If applicable: Laboratory Name: E. Runyon T/A Aquatic Service Laboratory ID # \_\_\_\_\_  
 Form prepared by:  Purveyor  Laboratory  Approved Party  
 Signature of Representative: Martin O. Hawley 732-291-0027 7/6/21  
 Print Name Phone Date

PWSID:	NJ1304001	Water System Type:	Community (C)
Water System Name:	ATLANTIC HIGHLANDS WATER	System Status:	A

### Individual Total Coliform Results (Distribution System)

Sample Type	Location	Collection Date	Sample # Orig Sample #	Bacteria*   Result**   Method   Analysis			Chlorine (mg/L)	Laboratory Name (NJ Lab ID)
				Date	MP^	Date Recvd		
RT		08/10/2021	AH1-8	TC   A   9222B	AUG2021	08/16/2021	FREE: .48	AQUATIC SERVICES INC (13052)
RT		08/10/2021	AH2-8	TC   A   9222B	AUG2021	08/16/2021	FREE: .44	AQUATIC SERVICES INC (13052)
RT		08/10/2021	AH6-8	TC   A   9222B	AUG2021	08/16/2021	FREE: .39	AQUATIC SERVICES INC (13052)
RT		08/10/2021	AH4-8	TC   A   9222B	AUG2021	08/16/2021	FREE: .37	AQUATIC SERVICES INC (13052)
RT		08/10/2021	AH5-8	TC   A   9222B	AUG2021	08/16/2021	FREE: .39	AQUATIC SERVICES INC (13052)
RT		08/10/2021	AH3-8	TC   A   9222B	AUG2021	08/16/2021	FREE: .38	AQUATIC SERVICES INC (13052)

\*TC=total coliform; FC=fecal coliform; EC=E. coli.

\*\*P=Bacteria are present in the sample;A=Bacteria are absent from the sample.

^MP=monitoring period.

New Jersey Department of Environmental Protection  
Bureau of Safe Drinking Water  
Division of Water Supply and Geoscience



Monthly Operating Report for Ground Water Treatment Plants

PWSID: 1304001 Water System Name: Atlantic Highlands Month / Year: Aug 2021  
POE / Facility ID#: Plant Name: West Lincoln Avenue

Treatment Plant Classification: T 3 Treatment Capacity: Total: 1 MGD Firm: 1 MGD

Days	PUMPAGE - MGD		DISINFECTANT			FLUORIDATION		OTHER CHEMICAL FEED					Days	
	Capacity:		Enter Name of Chemical used and Dose			Chemical	Dose	Provide dosage in lbs/day						
	Raw	Treated	Pre	Post	Residual			Alum	Lime	NaOH	KMnO <sub>4</sub>	PO <sub>4</sub>		Other
					Chlorine Gas									
1		0.427			0.45			20	50					1
2		0.503			0.45			30	75					2
3		0.563			0.37			20	50					3
4		0.477			0.45			20	50					4
5		0.522			0.45			20	50					5
6		0.55			0.32			30	75					6
7		0.558			0.48			35	100					7
8		0.373			0.43			30	75					8
9		0.398			0.43			20	50					9
10		0.482			0.43			30	100					10
11		0.408			0.49			20	50					11
12		0.548			0.49			20	50					12
13		0.518			0.48			30	75					13
14		0.508			0.47			30	75					14
15		0.553			0.39			30	75					15
16		0.538			0.49			30	75					16
17		0.565			0.45			20	75					17
18		0.459			0.46			30	75					18
19		0.55			0.42			30	100					19
20		0.533			0.47			20	75					20
21		0.412			0.34			30	75					21
22		0.35			0.45			20	75					22
23		0.358			0.48			20	50					23
24		0.462			0.42			20	50					24
25		0.507			0.39			30	75					25
26		0.547			0.37			30	75					26
27		0.464			0.45			20	50					27
28		0.381			0.46			30	75					28
29		0.378			0.44			30	75					29
30		0.455			0.44			20	50					30
31		0.482						30	100					31
Total	0	14.829			13.11			795	2150					Total
Ave.	#DIV/0!	0.478354839			0.437			25.645	69.355					Ave.

Notes:

1. Make daily entries on the report
2. Complete both sides of this report
3. Mail report before 10th day of following month to:

Licensed Operator: Martin O. Hawley

License Number: 690216 Telephone Number: 732-291-0027

Bureau of Safe Drinking Water  
Mail Code 401-04Q  
PO Box 420, 401 East State Street  
Trenton, New Jersey 08625-0420

I hereby certify the above to be correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PWSID: 1304001  
POE / Facility ID#: \_\_\_\_\_

Water System Name: Atlantic Highlands  
Plant Name: West Lincoln Avenue  
Month / Year: Aug 2021

Treatment Plant Classification: T 3 Treatment Capacity: Total: 1 MGD Firm: 1 MGD

All results in ppm or mg/l																		
Days	Chlorine Residual		Fluoride		PHYSICAL AND CHEMICAL ANALYSIS												Days	
	Min	Max	Min	Max	Color		Turbidity		pH		Iron		Manganese		Alkalinity			
					Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max		
1	0.39	0.45							7.04	7.05	0.02	0.03						1
2	0.44	0.45							6.75	7	0.01	0.08						2
3	0.37	0.37							6.98	6.98	0.03	0.03						3
4	0.35	0.45							6.96	6.99	0.03	0.06						4
5	0.45	0.45							6.92	6.92	0	0						5
6	0.32	0.32							6.88	6.88	0	0						6
7	0.48	0.48							7.03	7.03	0	0						7
8	0.38	0.43							6.95	7.02	0.04	0.05						8
9	0.39	0.43							7.15	7.15	0	0.01						9
10	0.37	0.43							6.92	7.01	0	0.03						10
11	0.49	0.49							7.1	7.1	0.01	0.01						11
12	0.38	0.49							6.91	6.94	0	0.03						12
13	0.44	0.48							6.82	6.9	0.02	0.02						13
14	0.41	0.47							6.91	6.99	0	0.01						14
15	0.39	0.39							7.02	7.02	0	0						15
16	0.47	0.49							6.95	6.98	0.02	0.03						16
17	0.31	0.45							6.94	7.01	0	0.08						17
18	0.46	0.46							6.95	6.95	0	0						18
19	0.32	0.42							6.97	6.97	0	0						19
20	0.35	0.47							6.9	6.91	0	0.03						20
21	0.34	0.34							7.02	7.02	0.02	0.02						21
22	0.38	0.45							7.12	7.14	0	0.03						22
23	0.48	0.48							7.08	7.08	0.02	0.02						23
24	0.39	0.42							7.09	7.1	0	0.02						24
25	0.39	0.39							7.09	7.09	0.01	0.01						25
26	0.35	0.37							6.98	7.02	0.02	0.04						26
27	0.4	0.45							6.8	6.81	0.02	0.04						27
28	0.41	0.46							6.91	6.97	0.02	0.04						28
29	0.44	0.44							7.02	7.02	0.01	0.01						29
30	0.43	0.44							7.01	7.02	0.03	0.04						30
31	0.41	0.49							7.01	7.05	0.04	0.04						31
Total																		Total
Ave.	0.399354839	0.438709677							6.9735484	7.004	0.0119	0.0281						Ave

Average Water Temperature: \_\_\_\_\_ °F

Remarks: (Include information on breakdowns, special problems e.t.c. during the month)

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Licensed Operator: Martin O. Hawley

License Number: 690216 Telephone No.: 732-291-0027

I hereby certify the above to be correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_