

VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER

MONTHLY OPERATING REPORT

Name of Water Supply: **Cumberland Community Center Waterworks**

Waterworks Operation Permit No. **PWSID VA 5049090**

Cumberland County **Month: April** **Year: 2011**

TOTAL MONTHLY YIELD:

Well #1 Meter broken

TOTAL **#VALUE!**

BACTERIOLOGICAL SAMPLING SUMMERY

Sample Date	Sample Time	Sample Site	Collected By	Sample pH	Cl2 residual	Test Date	Test Time	Result
18-Apr	10:49	SVCCMR	FA	6.7	N/A	19-Apr	8:55	absent

Population Served: 38 Number of Connections 1

Certified Operator Gary Thompson Certificate No. 1904 002740

Signed: 

CUMBERLAND Coummity Center WATERWORKS

MONTHLY OPERATING REPORT

Well # : 1

PWSID VA 5049090

Month: April

Year: 2011

METER

p H

F e

M n

READING

Gals.

Raw

Raw Temp

Finished

Fin. Temp

Cl2

Fluoride

Raw

Finished

Raw

Finished

Date

1 Meter broken

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

TOTAL

#VALUE!

0

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