

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

Version: 2025.1

June, 2025

Treatment plants only: Was
plant operating this month?Indicate one
with "X"

MONTH & YEAR (mm/yyyy) 11/2025

<input type="checkbox"/>	SURFACE WATER (SW)
<input type="checkbox"/>	GROUNDWATER (GW) WITH FILTRATION
<input type="checkbox"/>	GW - NO FILTRATION
<input type="checkbox"/>	GW UNDER DIRECT INFLUENCE OF SW
<input checked="" type="checkbox"/>	PURCHASE / DISTRIBUTE ONLY

PWS ID :	KY0750529	DIST. CLASS:	PLANT NAME:	
PWS NAME:	Beech Grove Water System		PLANT CLASS:	
AGENCY INTEREST (AI):	34006		PLANT ID	
SOURCE NAME:	Henderson Water		COUNTY:	Henderson
	Daviess County			Daviess
	OPERATOR(S) RESPONSIBLE / IN-CHARGE:	CLASS	CERTIFICATION NUMBER	
Business hours	EMERY THOMAS	IIBD	4446	
After hours / Emergency	EMERY THOMAS	IIBD	4446	

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (GPD): _____

2. TYPE OF FILTRATION USED: _____

3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____

4. PERCENT BACKWASH WATER USED: _____

5. Settling
basins:

Basin Number:	Date cleaned:
_____	_____
_____	_____
_____	_____
_____	_____

Instructions: Water systems complete each page according to the level of treatment provided.

[Link to Complete MOR Instructions](#)

ALL water systems must fill out the YELLOW pages.

Water systems with water treatment plants should also fill out the GREEN pages.

GRAY pages apply to only some water systems or circumstances. Please contact your regional TA if you are unsure which to fill out.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

X Emery Thomas

12-01-2025

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

ATTACH SIGNATURE AND TYPE DATE HERE IF USING VERSIONS OF EXCEL THAT DON'T SUPPORT SIGNATURE FEATURE

Return to Bookmarks DISTRIBUTION DISINFECTANT RESIDUAL (Applicable to all water systems with distribution systems) KY0750529 09/2025																
DAY	CHLORINE BOOSTER (use the second column if adding chlorine booster twice in same day OR for a second booster station)		TEST RESULTS												# TOTAL	# FREE
	LBS	LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm) Report 3-digit sample point # when relevant.													
			NORTH		SOUTH		EAST		WEST		# TOTAL	# FREE				
			Sample Pt #	TOTAL	FREE	Sample Pt #	TOTAL	FREE	Sample Pt #	TOTAL			FREE	Sample Pt #		
1									1.24	1.04					1	1
2									1.37	1.05					1	1
3						1.36	1.22								1	1
4						1.41	1.28								1	1
5						1.78	1.20								1	1
6						1.43	1.26								1	1
7						1.60	1.42								1	1
8									1.11	0.93					1	1
9									0.90	0.79					1	1
10						1.46	1.33								1	1
11						1.48	1.31								1	1
12						1.41	1.23								1	1
13						1.41	1.21								1	1
14						1.93	1.77								1	1
15									1.22	1.02					1	1
16									1.34	1.13					1	1
17						1.65	1.35								1	1
18						1.40	1.42								1	1
19						1.73	1.46								1	1
20						2.01	1.81								1	1
21						1.59	1.47								1	1
22						1.29	1.01								1	1
23						1.40	1.34								1	1
24							1.73	1.63							1	1
25							1.82	1.57							1	1
26							1.57	1.42							1	1
27						1.56	1.30								1	1
28						1.19	0.96								1	1
29						1.53	0.94								1	1
30						1.27	1.07								0	0
31															0	0
Average booster:		Avg. daily residual disinfectant:			1.37	1.10		1.60	1.41		1.20	0.99			30	30
Total booster:		Minimum total disinfectant:			1.19			1.36			0.90					
		Minimum free disinfectant:				0.94			1.20			0.79				
# Days in operation:	30	Total # Chlorine Samples:			6	6		18	18		6	6		0	0	
		# less than 0.2 mg/L (free) or 0.5 mg/L (total):			0	0		0	0		0	0		0	0	
		Number of Free Residuals:	30		Minimum Monthly Free Residual:		0.79				Total # less than 0.2 mg/L:		0			
		Number of Total Residuals:	30		Minimum Monthly Total Residual:		0.90				Total # less than 0.5 mg/L:		0			