MONITORING EQUIPMENT FAILURE OR MALFUNCTION REPORT FORM

City or Town: ___________________________

Type of Failure

<table>
<thead>
<tr>
<th>Cause of Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of refrigeration</td>
</tr>
<tr>
<td>Loss of flow proportion capability</td>
</tr>
<tr>
<td>Loss of sampling ability</td>
</tr>
<tr>
<td>UV disinfection control system</td>
</tr>
<tr>
<td>Chlorine disinfection control system</td>
</tr>
</tbody>
</table>

Date and time failure was discovered:  ______/______/______     ____/____ AM/PM

Date and time failure was corrected:  ______/______/______     ____/____ AM/PM

Detail failure:  _________________________________________________________________
______________________________________________________________________________

How failure was discovered:  _____________________________________________________

Length of time of failure:  _______________________________________________________

When was date of last inspection, maintenance or repairs:  _____/_____/_____

Steps taken to minimize duration of failure:  _______________________________________
_____________________________________________________________________________

Action taken to correct failure:  __________________________________________________
_____________________________________________________________________________

Steps taken to prevent recurrence of failure:  _______________________________________
_____________________________________________________________________________

Date of last failure of the same type:  _____/_____/

REPORT LOG

_____ CT DEP - Iliana Ayala (860) 424-3758 If Iliana Ayala is not available, you must call Municipal Facilities Section during normal business hours at:

_____ CT DEP (860) 424-3704 DO NOT LEAVE VOICE MAIL MESSAGES

_______________________________ Name of person contacted

_____ Fax Report to CT DEP, Iliana Ayala (860) 424-4067

Report Submitted by: _______________________ Title: __________________________

Signature: _______________________ Phone #: __________________ Date: ______________

Submit Completed Report to: State of Connecticut
Department of Energy & Environmental Protection
Water Protection & Land Reuse
Attention: Iliana Ayala
79 Elm Street
Hartford, CT 06106-5127
MONITORING EQUIPMENT
MALFUNCTION/FAILURE

When to be submitted?

Section 22a-430-3(j)(8) of the
Regulations of Connecticut State
Agencies ("RCSA")

- Loss of sampler refrigeration
- Loss of flow proportion capability
- Sampler not operating
- pH meter failure
- DO meter failure
- UV disinfection automated control system failure
- Chlorine disinfection automated control system failure
- Flow meter failure
- Etc.

The permittee shall provide notice to the DEEP of the monitoring equipment
malfunction/failure by:
- contacting DEEP at (860) 424-3704
during normal business hours within
two hours of becoming aware of the
situation or at the start of the next
business day if the permittee became
aware of the situation after normal
business hours and
- submitting a Monitoring Equipment
Failure/Malfunction form within five
days of becoming aware of the
situation.