



**STATE OF CONNECTICUT**  
**DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION**  
 Water Protection & Land Reuse Bureau



**MONITORING EQUIPMENT FAILURE OR  
 MALFUNCTION REPORT FORM**

City or Town: \_\_\_\_\_

Type of Failure	Cause of Failure
<input type="checkbox"/> Loss of refrigeration	<input type="checkbox"/> pH meter failure
<input type="checkbox"/> Loss of flow proportion capability	<input type="checkbox"/> DO meter failure
<input type="checkbox"/> Loss of sampling ability	<input type="checkbox"/> Flow meter failure
<input type="checkbox"/> UV disinfection control system	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chlorine disinfection control system	<input type="checkbox"/> Loss of flow signal
	<input type="checkbox"/> Electrical failure
	<input type="checkbox"/> Mechanical failure
	<input type="checkbox"/> Other: _____

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.