

**Monthly Chloramination Report - Portable Instruments**



WATER SYSTEM: \_\_\_\_\_

WATER SYSTEM CODE: \_\_\_\_\_

MONTH:            Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

YEAR: 20 \_\_\_\_\_

OPERATOR-IN-CHARGE: \_\_\_\_\_

TYPE OF MEASUREMENT DEVICE (Check Box): Colorwheel  Electronic

Date	Time	Operator's Initials	Disinfectant Residual in mg/L		
			Monochloramine	Free Chlorine	Total Chlorine
1.					
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 Number of Measurements, A:**

**A:** \_\_\_\_\_

**Minimum Monochloramine Standard:**

**1.0 mg/L**

**Number Meeting Standard, B:**

**B:** \_\_\_\_\_

**COMPLIANCE, C = B/A X 100%:**

\_\_\_\_\_

**Number of Days in this Month, D:**

**D:** \_\_\_\_\_

**COMPLIANCE, E = A/D X 100%:**

\_\_\_\_\_

**Submitted by (Print):** \_\_\_\_\_

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

**DISTRIBUTION:**  
FORWARD THE ORIGINAL TO YOUR DRINKING WATER OFFICER  
RETAIN A COPY FOR YOUR RECORDS

PLEASE CONTACT YOUR DRINKING WATER OFFICER WITH ANY COMMENTS,  
QUESTIONS OR CONCERNS