

Monthly Chlorination 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	Chlorine Residual in mg/L		Comments:
			Free Chlorine	Total Chlorine	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
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21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					

Total Number of Measurements, A:	A:
Minimum Free Chlorine Standard:	0.5 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