Monthly Chloramination Report

Water System Name: _____ **Water System Code**: _____

Month: _____ **Year**: _____

Operator-in-charge (Print): _____ **Other Operators (Print)**: _____

Daily Consumption Units: _____ _____

Flow Meter for Daily Consumption: (circle choice) Raw Treated No Metering

| Date | Time | Operator Initials | Confirmatory Monochloramine *Portable* | Confirmatory Monochloramine *Display* | Total Chlorine | Ammonia | # of Monochloramine Readings | | | | Daily Consumption |
							Avg.	Min.	Total	< STND	
1											
....											
31											

Submitted by (Print): _____   **Signature:** _____

Required Fields:

1. **Header**: Water System Name, Code, Month, Year, Operator-in-charge, Other Operators, Daily Consumption Units, Flow Meter for Daily Consumption
2. **Date**: Day of the Month
3. **Time:** Time of the day when results were taken
4. **Operator Initials:** Operator who took readings
5. **Confirmatory Monochloramine Portable:** Take and record portable monochloramine measurement
6. **Confirmatory Monochloramine Display:** Record on-line display measurement at the same time as confirmatory portable
7. **Total Chlorine:** Take and record portable total chlorine measurement
8. **Ammonia:** Take and record portable ammonia measurement
9. **# of Monochloramine Reading:** Measurements recorded
    a. **Avg.:** Average daily reading
    b. **Min.:** Minimum daily reading
    c. **Total:** Total number of readings recorded
    d. **< STND:** Number of readings that were below the normal operating standard
    e. **%:** Percent of readings that met the standard for that day eg; Total - < STND = A, A/Total x 100 = %
10. **Daily Consumption:** Record daily consumption
11. **Signature Block:** Printed name and signature of operator submitting report.