

Monthly Chloramination Report

Water System Name:	Water System Code:	
Month: Year:	Type of Measurement Device:	
Operator-in-charge (Print):	Other Operators (Print):	

Daily Consumption Units: _____

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

Date			Residuals (mg/L)		Daily				Residuals (mg/L)		Daily
	Time	Initials	Mono	Total	Consumption	Date	Time	Initials	Mono	Total	Consumption
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16						Total Monthly Consumption					

Ammonia in Treated Water

Ammor	nia in Treat	ed Water						_				
Date	Time	Initials	Ammonia (mg/L)	Date	Time	Initials	Ammonia (mg/L)		Date	Time	Initials	Ammonia (mg/L)

Residuals at Distribution Sample Locations

				Residuals (mg/L)		
Date	Time	Initials	Location	Mono	Total	Ammonia

Submitted by (Print): _____

Signature: _____

PLEASE REFER TO OPERATING LICENCE FOR APPLICABLE TREATMENT STANDARDS AND MONITORING REQUIREMENTS. PLEASE CONTACT YOUR DRINKING WATER OFFICER WITH ANY COMMENTS, QUESTIONS OR CONCERNS.



Date	Comments