

# Monthly Chlorination 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	Time	Initials	Residuals (mg/L)		Daily Consumption
			Free	Total	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Date	Time	Initials	Residuals (mg/L)		Daily Consumption
			Free	Total	
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Total Monthly Consumption</b>					

## Residuals at Distribution Sample Locations

Date	Time	Initials	Location	Residuals (mg/L)	
				Free	Total

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

