

Monthly Chlorination Report – Hauled Water

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

Sampling Location: _____

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					
Total Monthly Consumption					

Residuals in Delivered Water

Date	Time	Initials	Residuals (mg/L)	
			Free	Total

Date	Time	Initials	Residuals (mg/L)	
			Free	Total

Submitted by (Print): _____ Signature: _____

