

Chlorine Residual Report

For Chlorinating Groundwater Systems

Public Water Supply ID Number: _____ Total Coliform Bacteria Sample Collection Date: _____

Public Water Supply Name: _____ Phone No.: _____ Reviewed at MDH by: _____

Sample Analyst's Name: _____ Month/Year Data Collected: _____

Day	Column 1: Water Meter Reading (gallons)	Column 2: Free Chlorine Residual (mg/L) on Distribution System	Column 3: Sample Location
1			
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I certify that the information contained in this report is correct, and the water treatment was operated in accordance with the operational parameters established by the Minnesota Department of Health.

Signature _____ Date Signed _____

Instructions for Chlorine Residual Monitoring

1. Take the water meter reading and record in Column 1.
2. Measure FREE (not total) chlorine residual from a sample taken on the distribution system. Record the reading in Column 2 and record the sampling location in Column 3. The free chlorine residual on the distribution system should not drop below 0.2 mg/L or exceed 4.0 mg/L.
3. On the day that you send in your monthly or quarterly bacteria sample, measure the free chlorine residual from the tap where you collected your sample, and record the reading on the lab form that is submitted with your bacteria sample.
4. On the last day of the month, use the postage-paid envelope to send the report to MDH or mail the report to the address below.
5. Be sure to sign the report.

KEEP A COPY OF EACH MONTH'S REPORT FOR YOUR OWN FILES.

If you have any questions about this form, please call 651/201-4700.

Minnesota Department of Health
Noncommunity Public Water Supply Unit
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