

# 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			
2			
3			
4			
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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. **Keep a copy of the completed form on-site and available for review by the MDH for a period of no less than three years.**

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

Minnesota Department of Health  
Noncommunity Public Water Supply Unit  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975

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