

Small Water System Chlorination Report Form

Reports must be submitted by the 10th of the following month.

(Please fill in **ALL** system information and print clearly)

| Date | Gallons Pumped* | Chlorination | | Establishment Name | |
|------|-----------------|---------------|------------------------|---|-------------|
| | | Amount Used** | Free Chlorine Residual | | |
| 1 | | | | PWSID # | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | Month | Year |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | City/ Town | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | Operator Name | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | Record date when bacteria sample is taken and measure chlorine residual at the same time and location. Please note any operational problems or comments (use back side if needed): | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |

* Completion of "Gallons Pumped" column is required only if you have a water meter.

** Entries in the "Amount Used" column need to be made only when you actually add chlorine to your solution tank.

Please contact the Drinking Water Program at 287-2070 (557-4214 after hours) if you need assistance.