Small Water System Chlorination Report Form (MOR12)

Reports are due by the 10th of the following month.

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

Date	Gallons Pumped*	Chlorination		Public Water System Name
		Amount Used**	Free Chlorine Residual	
1				PWSID #
2				
3				System Type C ☐ NTNC ☐ T ☐
4				
5				Month / Year
6				
7				City/ Town
8				
9				Sampler Name
10				
11				Sampler Signature
12				
13				Bacteria Sample(s):
14				Date / Location / Residual
15				
16				
17				
18				
19				
20				Please note any problems or comments below:
21				
22				
23				
24				
25				
26				
27				**Send to:** ME CDC Drinking Water Program 11 State House Station Augusta, ME 04333-0011 or e-mail: dwpmor@maine.gov
28				
29				
30				
31				

* *Gallons Pumped* column required only if you have a water meter.

** Fill in *Amount Used* column only when you add chlorine to your solution tank.

Signature of DO (If required) **Date**

For assistance, contact the Drinking Water Program at 287-2070 (after hours 557-4214).

9/23/2016