

STATE OF MONTANA: DEPARTMENT OF ENVIRONMENTAL QUALITY

Return Completed Form to MT DEQ, PWSB Public Water Supply Program,
Attention: DBP Rule Manager, 1520 E. 6th Ave, or PO Box 200901, Helena MT 59620-0901

Quarterly DBP Rule MRDL Chlorine Residual Measurements

Month _____ System Name _____

Year _____ PWS ID # _____ Submitted by: _____

Check one: Community Noncommunity Transient NonCommunity

Sampling:			Monthly	Quarterly
	Number of Measurement Required with each TCR Sample	Sample Location(s)	Single Chlorine Measurement or Average for that Chosen Day of Month	Quarterly Average
January	_____	_____	_____	_____
February	_____	_____	_____	_____
March	_____	_____	_____	_____
April	_____	_____	_____	_____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____

Average of the 4-Quarterly Averages = _____ mg/l

MRDL is 4.0 mg/l The System Running Annual Average = _____ mg/l

Was the MRDL of 4.0 mg/l Exceeded? Yes No

Reminder: The once per month chlorine residual measurement is to be taken at the same location, Same number, same frequency as the Bacti / TCR sample(s)

*Fill in three month values for quarter and submit to the Department as follows:

	Quarter 1 – 10 th of April
Deadlines:	Quarter 2 – 10 th of July
	Quarter 3 – 10 th of October
	Quarter 4 – 10 th of January

Any Questions? Please call (406) 444-4400, Public Water Supply & Subdivisions

Bureau Website: <http://deq.mt.gov/Water/pwsub/pws/pwsMonitoringForms>