

**Chlorine Reporting Form for GROUNDWATER Public Water Systems**

State of Montana Department of Environmental Quality

Return Completed Form to: DEQ/WQD- Public Water Supply Attention:

C. Fetkavich 1520 E Sixth Ave, PO Box 200901, Helena, MT59620-0901

**Submit**

**Email to: DEQChlorineReportsEmailID@mt.gov or Fax: 406-444-1374**

**MUST BE SUBMITTED BY THE 10TH OF THE FOLLOWING MONTH**

Month \_\_\_\_\_ System Name \_\_\_\_\_

Year \_\_\_\_\_ PWS ID# \_\_\_\_\_ Submitted By \_\_\_\_\_

Check one:  Community  Non-Transient Non-Community  Transient Non-Community

Date	Daily Chlorine Residual at Point of Entry <sup>1</sup> (After Point of Application and Prior to First Service Connection)			Daily Chlorine Residual Measurement Taken in Distribution System <sup>2</sup>	
	Source #1 Name _____ (residual mg/l)	Source #2 Name _____ (residual mg/l)	Source #3 Name _____ (residual mg/l)	Distribution System (Test Location)	Residual mg/l
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

1. If you use more than three sources then you will need to use more than one form.
2. Rotate chlorine determination sampling point within your system using your Chlorine Monitoring/TCR Site Plan in order to cover your entire distribution system during the week.

**Any Questions? Please call (406)444-3425 - C. Fetkavich**