STATE OF MONTANA: DEPARTMENT OF ENVIRONMENTAL QUALITY
Return Completed for to Public Water Supply & Subdivisions Bureau, Public Water Supply Program:
Attention E. Henrikson 1520 E. 6th Ave, P.O.Box 200901, Helena MT 59620
Fax: 1-406-444-1374 or email: DEQChlorineReportsEmailID@mt.gov

Chlorine Residual Determinations for Water Haulers

Month_____ System Name: _____

Year _____ PWS ID# _MT000_____Submitted by:_____

Daily Chlorine Residuals at Point of Entry

Date	Truck Filling Min. Chlorine Residual (mg/l) Source #1	Truck Filling Min. Chlorine Residual (mg/l) Source #2	Min. Recorded Chlorine Residual per Day Source #1	Min. Recorded Chlorine Residual per Day Source #2
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				
	# of Days below 0.4 mg/l		# of Day below 0.4 mg/l	