

Chlorine Reporting Form for GROUNDWATER Public Water Systems

State of Montana Department of Environmental Quality

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

Submit

Attention: D. Johnson PO Box 200901, Helena, MT59620-0901

Email to: deqchlorine@mt.gov or Fax: 406-444-4386

MUST BE SUBMITTED BY THE 10TH OF THE FOLLOWING MONTH

Month _____ System Name _____
 Year _____ PWS ID# _____ Submitted By _____

Date	Daily Chlorine Residual at Point of Entry ¹ (After Point of Application and Prior to First Service Connection)			Daily Chlorine Residual Measurement Taken in Distribution System ²	
	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					
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20					
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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 Dillon Johnson (406) 444-4633