

STATE OF MONTANA: DEPARTMENT OF ENVIRONMENTAL QUALITY

Return Completed Form to Public Water Supply & Subdivisions Bureau, Public Water Supply Program,
Attention: DBP Rule Manager 1520 E. 6th Ave, P.O. Box 200901, Helena, MT 59620-0901

**Monthly DBP Rule & Maximum Residual Disinfection Limit
(MRDL) Chlorine Residual Measurements Reporting Form**

Month _____ System Name: _____
Year _____ PWS ID # _____ Submitted by: _____

Check one: Community Nontransient Noncommunity Transient NonCommunity

	<u>Monthly Chlorine Residual Sampling</u> Provide the Number of Residuals Taken and the Average of those Chlorine Residuals Taken With All Bacti / TCR Sampling Event(s)		Sample Location	Quarterly Average (mg/l)
	Number of Residuals	Average Residual (mg/l)		
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Average of the Last 4-Quarterly Averages = _____

Was the MRDL of 4.0 mg/l Exceeded? YES NO

If Yes: _____ mg/l

¹ Reminder:

Monthly chlorine residual measurement(s) to be taken at the same location, and same frequency as the Bacti / TCR sample(s)

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

Deadlines:

Quarter 1 - 10th of April
Quarter 2 - 10th of July
Quarter 3 - 10th of October
Quarter 4 - 10th of January

*Note: Running Annual Average (RAA) can begin during any quarter.
The RAA consists of the last four quarters.*