

**Chlorine Reporting Form for GROUNDWATER Public Water Systems**  
 State of Montana Department of Environmental Quality

**Return Completed Form to:** DEQ/WQD- Public Water Supply      Email to: [degchlorine@mt.gov](mailto:degchlorine@mt.gov)  
 Attention: D. Johnson PO Box 200901      Fax: 406-444-4386  
 Helena, MT59620-0901

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

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

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

Daily Chlorine Residual at Point of Entry <sup>1</sup> in <b>mg/l</b> (After Point of Application and Prior to First Service Connection)				Daily Chlorine Residual Measurement Taken in Distribution System <sup>2</sup>	
Date	Source #1 Name _____	Source #2 Name _____	Source #3 Name _____	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					
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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 Dillon Johnson (406) 444-4633**

**Clear Form**