

STATE OF MONTANA: DEPARTMENT OF ENVIRONMENTAL QUALITY

Return Completed form to Public Water Supply Bureau,
 Attention D. Johnson, P.O. Box 200901, Helena MT 59620-0901
 Fax: 1-406-444-4386 or email: DEQChlorine@mt.gov

Chlorine Residual Determinations for Water Haulers

Month: _____ System Name: _____

Year: _____ PWS ID#: _____ 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				
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28				
29				
30				
31				

# of Days Truck Filling was below 0.4 mg/l		# of Days Residual was below 0.4 mg/l	
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