

SAFE DRINKING WATER PROGRAM

ENFORCEMENT UNIT - REPORT #1

MONTHLY CHLORINE RESIDUAL REPORT AT
ENTRY POINT INTO DISTRIBUTION SYSTEM

MONTH _____ YEAR _____

PWS ID
SUPPLY NAME
CITY
PARISH
TELEPHONE
NAME OF CONTACT
TYPE OF CHLORINE USED
ENTRY POINT INTO DISTRIBUTION SYSTEM (SPECIFY)

ACTION TAKEN IF FREE CHLORINE RESIDUAL IS
LESS THAN _____ MILLIGRAMS PER LITER

DATE	TIME	ACTION TAKEN

CONTINUE ON OPPOSITE SIDE IF NEEDED

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE & CORRECT.

SIGNATURE OF RESPONSIBLE PARTY

DATE

DATE	TIME	CHLORINE RESIDUAL		INITIALS OF TESTER
		FREE	TOTAL	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

CHLORINE RESIDUAL RECORDED IN MILLIGRAMS PER LITER