

DISTRIBUTION CHLORINE RESIDUAL REPORT FORM

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| **Water System Name:** | | Month/Year: |
| **County:** | **ID#:** | Report Submitted by: |
| **Treatment Plant #:** | **Source(s)#:** | Operator Certification #: |
| **Requirements:**  Cl2 Residual:       mg/L in distribution  Monitoring requirement:       days per week | | Telephone #: |
| Signature: |

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|  | Water Production  Gallons or ft3 | Chlorine Solution Used | | Treated Water Quality | | | |
| Date | Source Meter Reading | Tank  Level  (Gallons/Pounds) | Volume  Used  (Gallons/Pounds) | Distribution  Cl2 Residual  (mg/L) | Distribution Sample Location | Troubleshooting Notes  Also record additional residual readings following a low or zero residual reading | Sampler  Initials |
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| **Total** |  |  |  |  | 🡨 Total number of measurements collected | | |
| **Max** |  |  |  |  |  | | |
| **Min** |  |  |  |  |  | | |

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| **Please keep a copy for your records and send report by the 10th of the following month to your Regional Office.**  **See instructions page.** |

# INSTRUCTIONS FOR DISTRIBUTION CHLORINE RESIDUAL REPORT FORM

**Monitoring Requirement** – Measure and record free chlorine residual from a representative location in your distribution system at least 5 days per week. Please note your required residual at the top of the form. Use a Free Chlorine Residual test kit to measure the residual.

**Source Meter Reading** – You should record this at least once a week. The total volume of water used is calculated as the difference between the source meter readings.  Record this as the total under the Source Meter Reading.

**Tank level (gallons/pounds)** – The amount of chlorine solution remaining in the chemical feed tank. If you use gas chlorine, record the pounds remaining. You should record this at least once a week.

**Volume Used (gallons/pounds)** – The amount of chlorine solution used since the last time it was checked. If you use gas chlorine, record the pounds used. You should record this at least once a week.

**Distribution Chlorine Residual (in mg/L)** – The measurement of free chlorine residual at a representative location in your distribution system.

**Distribution Sample Location** – The location where the distribution chlorine residual sample was collected, such as a home or business that is a representative point within the distribution system.

**Troubleshooting Notes** – Note troubleshooting activities and additional residual readings following an initial low or zero residual reading.

## **Coliform sampling** – You must test the chlorine residual at the same time and location that you collect a routine or repeat coliform sample. Be sure to mark the chlorine residual on the coliform lab slip.

**Return to your regional office by the 10th of the following month.**

We encourage you to submit your monthly treatment plant report form electronically to the appropriate email address.

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| [**Eastern Region**](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/EasternRegionalOfficeStaff) | 16201 East Indiana Avenue, Suite 1500  Spokane Valley, WA 99216 | Phone: 509.329.2100  Fax: 509.329.2104  Email: [DOHDWChlorination@doh.wa.gov](mailto:DOHDWChlorination@doh.wa.gov) |
| Counties Served: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Ferry, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman and Yakima. | | |
| [**Northwest Region**](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/NorthwestRegionalOfficeStaff) | PO Box 47800  Olympia WA 98504 | Phone: 253.395.6750  Fax: 253.395.6760  Email: [DW.NWRO@doh.wa.gov](mailto:DW.NWRO@doh.wa.gov) |
| Counties Served: Island, King, Pierce, San Juan, Skagit, Snohomish, and Whatcom. | | |
| [**Southwest Region**](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/SouthwestRegionalOfficeStaff) | PO Box 47823  Olympia, WA 98504 | Phone: 360-236-3030  Fax: 360-236-3029  Email: [SW.Treatment.Reports@doh.wa.gov](mailto:SW.Treatment.Reports@doh.wa.gov) |
| Counties Served: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum. | | |

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