

Worksheet for Disinfectant Residuals Collected with Coliform Samples For Any System Collecting More than One Coliform Sample

This worksheet is provided to help systems keep track of the residual disinfectant that you collect with your coliform samples.
Do **NOT** send this worksheet to us. You should send your results to us on the DL QOR form.

PWS Name:	PWS ID:
MONTH:	YEAR:

Type of Disinfectant in Distribution System: Free chlorine (MIN= 0.2 mg/L) Chloramine (MIN = 0.5 mg/L)

Disinfectant Residual Collected With Coliform Samples

Sample Number	Sample Date	Sample Site	Residual	Less than MIN? Y/N	NO residual? Y/N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31	Tot:		Sum:	# < MIN:	#=0:

Systems with 33,000 customers must collect 30 coliform samples every month. If your system collects more than this, you will need another sheet of paper.