Disinfectant Residual Worksheet

Groundwater or Purchased Water Systems with 751 to 4,900 Customers

This is an optional worksheet to keep track of the disinfectant residual samples collected with your coliform samples. Do NOT send this worksheet to us. Send your results to us on the DLQOR form.

# Public Water System Information

|  |  |
| --- | --- |
| PWS Name | PWS ID |
|  |  |
| Month | Year |
|  |  |

**Type of Disinfectant Used in Distribution System:**

[ ] Free chlorine (minimum = 0.2 mg/L) [ ]  Chloramine (minimum = 0.5 mg/L)

# Disinfectant Residual Collected with Coliform Sample(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | Sample Date | Sample Site | Disinfectant Residual (mg/L) | Less than MIN? (Y/N) | NO residual? (Y/N) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Systems that serve up to 1,000 people must collect one coliform sample per month. The disinfectant should always be measured and recorded when a coliform sample is collected. If you receive a coliform positive (coliform found) sample, within 24 hours you must collect three repeat samples. This worksheet provides room to keep track of more than one sample. If you have multiple positive results, you will need another piece of paper.

# Disinfectant Residual Collected in Distribution System

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | Sample Date | Sample Site | Disinfectant Residual (mg/L) | 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 |  |  |  |  |  |

Groundwater and purchased water systems that serve 751 or more people must collect **one** disinfectant residual sample **daily**. The worksheet provides room to keep track of 31 days. If you collect more than 31 in a month, you will need another piece of paper.

# Monthly Summary

These are the numbers that you will need to report on the DLQOR form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number (count) | Average (mg/L)  | Number below MIN (count) | Number with NO residual (count) | Lowest residual (mg/L) | Highest residual (mg/L) |
|  |  |  |  |  |  |

**Number of residuals collected this month**: Count all disinfectant samples collected with coliform samples, plus daily distribution system samples.

**Average of all disinfectant residuals for this month**: Add up the disinfectant residual results from all samples and divide by the number of samples collected to determine the average for the month.

**Number below MIN for this month**: Write in the number of samples that had less than 0.2 mg/L (if you use free chlorine) or less than 0.5 mg/L (if you use chloramines). The DLQOR form will automatically calculate the percentage (%).

**Number with NO residual for this month**: Write in the number of samples that had no disinfectant residual at all. The DLQOR form will automatically calculate the percentage (%).

**Lowest residual for this quarter**: Write in the lowest disinfectant residual from all your samples.

**Highest residual for this quarter**: Write in the highest disinfectant residual from all your samples.