

# Disinfectant Residual Worksheet

## Groundwater or Purchased Water Systems with Fewer than 750 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					

Groundwater and purchased water systems that serve up to 750 people must collect **weekly** distribution system disinfectant residual samples. This worksheet provides room to keep track of one sample a week for five weeks. If you collect more samples than that, you will need another piece of paper.

# Monthly Summary

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

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

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

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

**Number below MIN for this month:** Write in how many, if any, disinfectant residual 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 how many, if any, disinfectant residual 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.