Disinfectant Residual Worksheet

Any Public Water System Collecting Daily Disinfectant Residuals

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 Daily

| Sample 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 |  |  |  |  |  |

# 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.

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