

Chlorine Residual Monitoring Report

FOR DISINFECTING GROUNDWATER SYSTEMS

(Instructions on page 2)

Facility name _____ PWSID _____

Month/Year data collected _____ Collector name _____

Day	Column 1: Water meter reading (gallons)	Column 2: Total chlorine residual (mg/L) in distribution system	Column 3: Sample location
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I certify that the information contained in this report is correct, and the water treatment was operated in accordance with the operational parameters established by the Minnesota Department of Health.

Operator signature _____ Date _____

Instructions for Chlorine Residual Monitoring

1. Take the water meter reading and record in Column 1.
2. Measure TOTAL chlorine residual from a sample taken on the distribution system. It is recommended to vary the sample location to check conditions throughout the system. Record the reading in Column 2 and record the sampling location in Column 3. The total chlorine residual on the distribution system should not drop below 0.5 mg/L or exceed 4.0 mg/L.
3. **Keep a copy of the completed form on-site and available for review by MDH for a period of no less than five years.**
4. If you are required to send in a monthly or quarterly bacteria sample, measure the total chlorine residual from the tap where you collected your sample, and record the reading on the lab form that is submitted with your bacteria sample.

Additional copies of this form can be accessed at:

- [Schools, Offices, and Child Care \(Nontransient\)](https://www.health.state.mn.us/communities/environment/water/noncom/nontransient.html)
(<https://www.health.state.mn.us/communities/environment/water/noncom/nontransient.html>)
- [Restaurants, Resorts, Campgrounds \(Transient\)](https://www.health.state.mn.us/communities/environment/water/noncom/transient.html)
(<https://www.health.state.mn.us/communities/environment/water/noncom/transient.html>)

Minnesota Department of Health
Drinking Water Protection Section
651-201-4700
health.drinkingwater@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4700.