SYSTEM ID # _____

DAILY CHLORINATION OPERATIONAL LOG

MONTH AND YEAR:_____
SYSTEM NAME: _____

Were there any malfunctions of the chlorination system this month? Yes_____ No_____

If yes, list the date the malfunction occurred and action taken. Problems that cannot be promptly corrected must be reported to the Department. Bacteriological sampling must be conducted if the safety of the water is in question:

_____

_____

DATE	TIME	INITIALS	FREE CHLORINE RESIDUAL	SAMPLE LOCATION	NOTES
1					
2					
3					
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31					

OPERATOR'S SIGNATURE_____