

CHLORINE OR CHLORAMINES RESIDUAL EXAMPLE REPORTING FORMAT

QUARTERLY REPORTING PERIOD:	YEAR:
-----------------------------	-------

SYSTEM INFORMATION	
PWS NAME:	
PWS ID NUMBER:	
CONTACT PERSON:	PHONE NUMBER:
E-MAIL ADDRESS (optional):	FAX NUMBER (optional):

DISINFECTANT RESIDUAL COMPLIANCE SUMMARY												
Last 12 Months	1	2	3	4	5	6	7	8	9	10	11	12
Actual Month/Year												
Provide the number of disinfectant residual samples taken each month of the last quarter (include disinfectant residual samples taken for all total coliform samples, including repeat or additional total coliform samples)*												
Provide the monthly arithmetic average of all samples taken in each month for the last 12 months (include disinfectant residual samples taken for all total coliform samples, including repeat or additional total coliform samples)												
Calculate the Running Annual Average (RAA) (i.e., calculate the arithmetic average of the monthly averages for the last 12 months)												
Does the RAA violate the Maximum Residual Disinfectant Level of 4.0 mg/L? (YES/NO)												

*Also, for each disinfectant residual sample taken each month of the last quarter, provide the information requested in the table on page two of this format.

