

Small Water System Chlorination Report Form (MOR12)

Reports are due by the 10th of the following month.

(Please fill in **ALL** system information and print clearly)

| Date | Gallons Pumped* | Chlorination | | Public Water System Name | | |
|--|-----------------|---------------|------------------------|---|----------|----------|
| | | Amount Used** | Free Chlorine Residual | | | |
| 1 | | | | PWSID # | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | System Type | | |
| | | | | C | NTNC | T |
| 5 | | | | Month | | Year |
| 6 | | | | City/ Town | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | Sampler Name | | |
| 10 | | | | Sampler Signature | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | Bacteria Sample(s): | | |
| 14 | | | | Date | Location | Residual |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | Please note any problems or comments below: | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | Send to: | | |
| 28 | | | | Maine CDC Drinking Water Program | | |
| 29 | | | | 11 State House Station | | |
| 30 | | | | Augusta, ME 04333-0011 | | |
| 31 | | | | or e-mail: dwpmor@maine.gov | | |
| Signature of DO (If required) | | | | Date | | |
| For assistance, contact the Drinking Water Program at 287-2070 (after hours 557-4214). | | | | | | |

* Gallons Pumped column required only if you have a water meter.

** Fill in Amount Used column only when you add chlorine to your solution tank.