DISTRIBUTION SYSTEM DISINFECTANT RESIDUAL MONITORING DATA

(Transfer data from this page to: LT1-ESWTR Summary Section B-SFN 54272)

North Dakota Department of Health
Division of Municipal Facilities
SFN 54277 (1/2009)

Public Water System (PWS) Name	PWS Number ND ___ ___ ___ ___ ___ ___ ___
Disinfectant Type (1)	Month _____ Year _____

NOTE: Refer to the instructions for additional information regarding the items denoted by a number within parenthesis.

Date	Time	Sampling Site No. (2)	Disinfectant Residual Concentration (in mg/L) Measured at Sampling Site (3)	Analyst Initials	For Each Day, Total No. of Disinfectant Residual Measurements Taken	For Each Day, total No. of sites Where Residual was Measured and Not Detected (4)

MONTHLY TOTALS: 0 **=C** 0 **=D**

Percentage of distribution system disinfectant residual measurements taken during the month that showed no detectable residual = D / C x 100 = _____ %.
Transfer this result onto the LT1-ESWTR Summary SFN 54272 under Distribution System **Section B** (line 5).

Submit this report to the Division of Municipal Facilities within 10 days after the end of each month that the system provides water to the public.

Division of Municipal Facilities
918 East Divide Avenue, 3rd Floor
Bismarck, ND 58501-1947