



DISTRIBUTION SYSTEM DISINFECTANT RESIDUAL SUMMARY

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

SFN 61620 (9-2019)

Public Water System (PWS) Name:		PWS Number: (ex: ND1234567)
Operator Name:		
Reporting Year:	<input type="checkbox"/> 1 st Quarter (Report by April 10 th)	<input type="checkbox"/> 2 nd Quarter (Report by July 10 th)
	<input type="checkbox"/> 3 rd Quarter (Report by October 10 th)	<input type="checkbox"/> 4 th Quarter (Report by January 10 th)
Note: Disinfectant readings must be measured at the same time and place as monthly bacteriological samples are collected.		
Section 1. Maximum Residual Disinfectant Level (MRDL) (No reduced monitoring allowed)		
Month:	Number of Samples:	Monthly Average (mg/L):
Month:	Number of Samples:	Monthly Average (mg/L):
Month:	Number of Samples:	Monthly Average (mg/L):
Comments:		
MRDL = 4.0 mg/L as free chlorine, combined chlorine for chloramines, or total chlorine. NOTE: Notify DEQ and your customers if you change disinfectant in use.		

Send this form within 10 days after the end of a quarter to:

Division of Municipal Facilities
918 E. Divide Ave.
Bismarck, ND 58501-1947
Telephone Number 701-328-5257
Fax Number 701-328-5200