

PUBLIC WATER SUPPLY CHLORINATION REPORT

Gas Chlorinator Type _____

Water System Name: _____ County: _____ for Month of _____, 20__

Water System Number: _____ Sources Treated (Name & No.) _____

Day	Reading ¹ on Water Meter Totalizer	Volume ² of Water Treated (gallons)	Setting ³ of Rotometer valve	Gross Weight ⁴ of Chlorine Cylinder (pounds)	Residual ⁵ of free chlorine (mg/l)	Remarks ⁶ (special comments/notes on when residual was measured or problems)
0						Enter Last Entry from Previous Month's Readings
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Send original of this report within ten days from the end of each month to:

Compliance Section
Utah Dept. of Environmental Quality
Division of Drinking Water
P. O. Box 144830
Salt Lake City, Utah 84114-4830

Retain a copy of this report in your system files!

I hereby certify that the information provided is accurate and correct to the best of my knowledge

Reported by: _____

Title: _____

Signature: _____

GAS CHLORINATORS

1. In this column enter the **READING** of the totalizing meter on the water meter. If the units are not in gallons, cross out (gallons) in the next column and specify the units used (cubic feet, acre feet, etc).
2. Determine the **VOLUME** of water treated by subtracting the previous totalizer reading from today's totalizer reading. If your meter totalizer reads to the nearest 10 gallons or 100 gallons, as indicated by fixed zeros, then interpret the portion of this fixed volume from the sweep hand of the meter so that the true volume to the nearest unit of measurement (gallons, cubic feet, acre feet, etc) is recorded.
Note: If a meter is not available, enter your estimate of the volume of water treated; making note in the "Remarks" column how you made your estimate.
3. The **SETTING** of the Rotometer should be indicated in this column (pounds/day, etc).
Since gas chlorinators generally utilize adjustable "rotometer" valves to control the gas pulled by the vacuum created by the head-loss across the venturi in the injector, the reporter should be sure that sufficient head-loss exists across the injector. Simply check the difference between the two pressure gages (required by design and construction standards) to verify that sufficient head-loss exists (generally at least 7 psi).
4. The **GROSS WEIGHT** of the Chlorine Cylinder supplying the chlorinator should be recorded in this column.
The difference in weight between any recordings indicates the weight of chlorine gas drawn from the cylinder.
When a new cylinder is introduced, please note the following in the "Remarks" column:
 1. The gross weight of the old cylinder prior to switching.
 2. The tare weight of the old cylinder (stamped in cylinder).
 3. The gross weight of the new cylinder.
 4. The tare weight of the new cylinder (stamped in cylinder).as an example: (old 67.1 lbs {65.1 lbs tare}; new 214.2 lbs {64.2 lbs tare}).
5. Each day, the operator should monitor and record the **RESIDUAL** of free chlorine (mg/l or ppm) found in water obtained from different points throughout the distribution system. The *N,N-Diethyl-p-phenylenediamine (DPD)* method of chlorine residual determination is required. Information on the suppliers of testing equipment is available from the Division of Drinking Water.
6. This column is to be used to record any special **REMARKS** that may have special importance. In addition to the items mentioned above, the operator may choose to indicate addresses or locations where residual disinfectant monitoring is conducted.

A properly completed report will be a valuable record for future reference and water system management should keep originals as required by State and Federal requirements. It will also provide evidence to our office that proper disinfection procedures are being practiced.

Completion and submittal of copies of this report on a monthly basis meet the requirements of R309-102-7.2 of the Utah Administrative Code concerning operational reports for systems disinfecting groundwater sources. This report does not meet the requirements for systems disinfecting and filtering surface waters or groundwater under the direct influence of surface water.

From: _____

**COMPLIANCE SECTION
UTAH DEPT OF ENVIRONMENTAL QUALITY
DIVISION OF DRINKING WATER
P O BOX 144830
SALT LAKE CITY UT 84114-4830**