



## DAILY CHLORINE RESIDUAL LOG SHEET

WATER SYSTEM NAME \_\_\_\_\_ MONTH \_\_\_\_\_ 20\_\_

DATE	TIME	SAMPLE LOCATION	RESULT (mg/L)	INITIALS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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22				
23				
24				
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26				
27				
28				
29				
30				
31				

\_\_\_\_\_

Signature of Owner/Operator
Date

*Signature above affirms that information contained in this report is accurate to the best of the signer's knowledge*