Mail to: **MARYLAND DEPARTMENT OF THE ENVIRONMENT**
WATER SUPPLY PROGRAM
1800 Washington Blvd. STE 450 Baltimore, Maryland 21230-1708
(410) 537-3729 (800) 633-6101 ext. 3729 http://www.mde.state.md.us

DISINFECTANT RESIDUAL MONITORING REPORT FORM

This report must be received quarterly by the 10th day of the month following the end of the quarter. Results of invalidated samples are not to be included on this report form.

System Name _____

PWSID _____

Reporting Period: Ending Year _____

Record for: (*Check 1 Period Only*)

January 1 – December 31	**Report Due January 10** ☐
April 1 – March 31	**Report Due April 10** ☐
July 1 – June 30	**Report Due July 10** ☐
October 1 – September 30	**Report Due October 10** ☑

Disinfectant (Check One)

☐ Free Chlorine

☑ Combined Chlorine

☐ Chlorite

Month/Year		Average Residual Concentration (ppm)	# of Samples	Quarterly Average (ppm)	Annual Average (ppm)
	20				
	20				
	20				
	20				
	20				
	20				
	20				
	20				
	20				
	20				
	20				
	20				