

Drinking Water Division Disinfectant Use Reporting Form

This form is for use by systems NOT using continuous disinfection but disinfecting for emergency or maintenance purposes. **Note:** Disinfection byproducts (DBP) sampling will be required if chlorine is used for more than 30 consecutive or 45 total days per year, or if any source water TOC levels exceed 2 mg/L. Submittal of this form is required for each month in which a disinfectant is added to the drinking water.

Month: _____
Year: 20____

System Name: _____
PWS ID #: NE31_____

Type of Chlorine Used: _____ Solution Strength (in %): _____

| Date | Total Flow in MGD | Total Pounds Used | Total Gallons Used | Reason for the use of chlorine | DWEE use only |
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This report is due by the 10th of the following month during which disinfectant was used.

Return to DWEE Drinking Water Program, 245 Fallbrook Blvd Suite 100, Lincoln, NE 68521 or FAX to: (402) 471-2909 or dwee.ecmupload@nebraska.gov