DISTRIBUTION SYSTEM DISINFECTANT RESIDUAL SUMMARY DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF MUNICIPAL FACILITIES SFN 61620 (9-2021)

Public Water System (PWS) Name:		PWS Number: (ex: ND1234567)
Operator Name:		
Reporting Year:	☐ 1 st Quarter (Report by April 10 th)	☐ 2 nd Quarter (Report by July 10 th)
	☐ 3 rd Quarter (Report by October 10 th) ☐	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 chlo	orine, 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:

NDDEQ
Division of Municipal Facilities
4201 Normandy St.
Bismarck, ND 58503-1324
Telephone Number
701-328-5257 Fax Number
701-328-5200