



CHLORINE RESIDUAL AND BACTERIOLOGICAL SAMPLING REPORT
 FOR
EPCOR WATER SERVICES

DEVELOPER: _____
 CONSULTANT: _____
 CONTRACTOR: _____
 LOCATION: _____

SUBDIVISION: _____
 REPORTING DATE: _____
 PUMP LOCATION: _____

DIAGRAM OF TEST AREA



	DATE	TIME START	TIME STOP
CHLORINE INJECTION			

LOCATION	INITIAL STRENGTH (HIGH RANGE) Cl ₂ (mg/L)	24 HR RES. (HIGH RANGE) Cl ₂ (mg/L)	TOTAL (LOW RANGE) Cl ₂ (mg/L)	BACTI SAMPLE DATE	TOTAL COLIFORMS (per 100ml)	E.COLI (per 100ml)

CHLORINATED WATER DISPOSED OF ACCORDING TO ALL LEGISLATIVE REQUIREMENTS?	(YES OR NO)
--	---------------

TEST TO BE WITNESSED BY CONSULTANT'S REPRESENTATIVE WITH RESULTS CERTIFIED BY A PROFESSIONAL ENGINEER