Date (Month/Year): Source Water: Surface Ground

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Source Water | Treated Water (L/day) | Cylinder Weight (kg) | Chlorine used per day (kg) | Free Chlorine Residual at Entry Point (mg/L) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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| 31 |  |  |  |  |  |

REVIEWED Name:

Signature: Date: