

Nebraska Health and Human Services / Division of Public Health / Drinking Water Program

Disinfectant Use Reporting Form

This form is for use by systems NOT using continuous disinfection, but disinfecting for emergency or maintenance purposes. **Note:** Full compliance with the DDBP Rule (coliform site residual measurements and disinfection byproduct sampling) will not be required if disinfection is used for no more than 30 consecutive or 45 total days per year, **and** levels of Total Organic Carbon (TOC) for all sources are ≤ 2 mg/L. The system will be sent one TOC sample kit per source upon receipt of this form. **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	DHHS use only
1					
2					
3					
4					
5					
6					
7					
8					
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30					
31					

Prepared by: _____ Date: _____

This report is due by the 10th of the following month during which disinfectant was used.
 Return to Mary Poe, DHHS, Division of Public Health, 301 Centennial Mall South,
 Box 95026, Lincoln, NE 68509-5026