



## 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  $\leq 2$  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:	System Name:
Year:	PWS ID #: NE31

Type of Chlorine Used:	Solution Strength (in %):
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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					
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28					
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30					
31					

Prepared by:	Date:
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**This report is due by the 10<sup>th</sup> of the following month during which disinfectant was used.**  
 Return to Mary Poe, DHHS Drinking Water Program, Box 98922, Lincoln, NE 68509-8922, FAX 402/471-6436 or [mary.poe@nebraska.gov](mailto:mary.poe@nebraska.gov)