

Oxidant Residual Monitoring Report

**FOR SYSTEMS USING PERMANGANATE, HYDROGEN PEROXIDE,
CHLORINE, OR OZONE**

(Instructions on page 2)

Facility name _____ PWSID _____

Entry point description _____ Month/Year data collected _____

Day	Column 1: Water meter reading (gallons)	Column 2: Oxidant residual (mg/L) at entry point	Notes
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I certify that the information contained in this report is correct, and the water treatment was operated in accordance with the operational parameters established by the Minnesota Department of Health.

Operator signature _____ Date _____

Instructions for Oxidant Residual Monitoring

1. Take the water meter reading and record in Column 1.
2. Measure oxidant residual from a sample taken at the entry point. Record the reading in Column 2. Treatment adjustments should be made when the reading deviates from the target residual.
3. **Keep a copy of the completed form on-site and available for review by MDH for a period of no less than five years.**

Additional copies of this form can be accessed at:

- Schools, Offices, and Child Care (Nontransient)
(<https://www.health.state.mn.us/communities/environment/water/noncom/nontransient.html>)
- Restaurants, Resorts, Campgrounds (Transient)
(<https://www.health.state.mn.us/communities/environment/water/noncom/transient.html>)

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Drinking Water Protection Section
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To obtain this information in a different format, call: 651-201-4700.