Title: **022-Commissioning Chlorination Record**	Folder: Inspections
Document #: Q-Infra-TF-BDINS-1414 Revision #: 7	Issue Date: October 2023

PROJECT NUMBER: _____ **TESTING COMPANY:**

LOCATION: _____

CONTRACTOR: _____

INSPECTOR: _____

DATE CHLORINATED: _____ **DATE OF DECHLORINATION:** _____

DISINFECTION METHOD: TABLET OR CONTINOUS FEED ☐ SPRAY ☐ SLUG ☐

SOURCE LOCATION:

RESIDUALS AT SOURCE PRIOR TO FLUSHING: Total Cl1 : _____ *(Sampled by)* _____

Free Cl2 : _____

SAMPLE POINT	CHLORINATED		24 HR CONTACT		POST CT FLUSH (mg/L)				POST 16HR CL2 (mg/L)		
	DATE & TIME	Cl2	DATE & TIME	Cl2	DATE & TIME		TOTAL Cl1	FREE Cl2	DATE & TIME		FREE Cl2
		Name of Tester		Name of Tester		Name of Tester				Name of Tester	

MECP: Chlorine Concentrations and Contact Times for New Watermains

Disinfection Method	Minimum Contact Time	Initial Chlorine Concentration	Maximum Allowable Decrease in Chlorine Concentration
Tablet or Continuous Feed	24 hours	≥ 25 mg/L	40% of the Initial Chlorine Concentration to a Maximum of 50 mg/L
Slug	3 hours	≥ 100 mg/L	25 mg/L
Spray	30 minutes	≥ 200 mg/L	Measurement Not Required

Note: This form is to be scanned and placed into the corresponding Project file folder