



Title:	023 - Post Connection Chlorine Residual Record Form		
Document #:	Q-Infra-TFBDINS-1415	Folder:	Inspections
Revision #:	6	Issue Date:	January 2024

Date: _____ Project Type: _____ Reg. Diary number: _____
 Location: _____ Project #: _____

***Residuals at Source Prior To Flushing** Total Cl1: _____ Free Cl2 : _____
 *Refer to source residuals from **CHLORINATION RECORD FORM** for above numbers
****Post Connection Chlorine Residuals (mg/L):** Total Cl1: _____ Free Cl2 : _____
 **To be Supplied by Water Distribution

Live	Construction
Name of Operator on site:	Name of Operator - Sample 1:
Turn off- Date: _____ Time: _____	Sample 1- Date : _____ Time: _____
WM Drained- Date: _____ Time: _____	Name of Operator - Sample 2:
WM Watertight- Date: _____ Time: _____	Sample 2- Date: _____ Time: _____
Name of Operator-for Flushing:	WM turned on- Date: _____ Time: _____
Start Flush- Date: _____ Time: _____	Operator on site-Turn WM on:
End Flush- Date: _____ Time: _____	

Date of turn off _____ **SR #** _____

Appurtenance Type (Solid Sleeve, etc.) _____

Type of work (e.g. Scheduled interruption, broken main, pulled WS) _____

Additional Details:

Air Gap Maintained Throughout Activity: Yes No _____
 Positive Pressure Maintained: Yes No _____
 Watermain/water system contamination evident or suspected: Yes No _____
 Parts Disinfected per AWWA C-651 or MECP WM Disinfection Procedure: Yes No _____
 Service Disruption: Yes No _____
 Temporary Hook-Up Provided: Yes No _____
 Post Connection Flushing : Yes No _____
 *Connection longer than 1 pipe length: Yes No _____
 *Connection longer than 1 pipe length - Provide reason: _____

Watermain Size: _____

I acknowledge that the water system for the above project was cleaned, disinfected and sampled as per regulatory requirements; AWWA Standard C-651, the MECP Watermain Disinfection Procedure and the Procedure for Disinfection of Drinking Water in Ontario as adopted by reference to O. Reg. 170/03 under the Safe Drinking Water Act 2002.

Halton Inspector: *Print* _____ *Sign* _____ Date: _____

Certified Operator: *Print* _____ *Sign* _____ Date: _____

