

Facility Name: \_\_\_\_\_

*Total Residual Chlorine* SM 4500-Cl G.

Year: \_\_\_\_\_

Sample ID	Sample/ Analysis Date	Sample Time	Sampler / Analyst	Analysis Time	Result mg/L	% Recovery
*Check Standard = _____ mg/L						
*Contact Tank						-----
*Final Effluent						-----
*Check Standard = _____ mg/L						
*Contact Tank						-----
*Final Effluent						-----
*Check Standard = _____ mg/L						
*Contact Tank						-----
*Final Effluent						-----
*Check Standard = _____ mg/L						
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*Final Effluent						-----
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*Check Standard = _____ mg/L						
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*Final Effluent						-----
*Check Standard = _____ mg/L						
*Contact Tank						-----
*Final Effluent						-----
*Check Standard = _____ mg/L						
*Contact Tank						-----
*Final Effluent						-----

\* = Instrument to be blanked with associated sample before colorizing reagent is added