# Example of a Written Record for Reporting Free Chlorine Residual Tests

1. Is this a: (circle one option)
* New well
* Alteration to existing well
* Pump installation
1. Well tag number: [enter info]
2. Well purchaser name: [enter info]
3. Well purchaser address: [enter info]
4. Well purchaser telephone number: [enter info]
5. Location of well: [enter info]
6. Date of structural stage of well completed/pump installed: (DD/MM/YYYY)
7. Initial date and time of dosing well: (DD/MM/YYYY) Time: [enter time] AM or PM (circle)
8. Date and time for testing:
* Free chlorine residual: (DD/MM/YYYY) Time: [enter time] AM or PM (circle)
1. Concentration of free chlorine residual and time elapse after dosing:
* Between 12 to 24 hours after dosing well: [value] mg/L Time: [info] Hours
1. Did test have to be repeated? Yes or No (circle)
* If yes, continue with next questions
* If no, go to Lines 21 and 22
1. Date of pumping out chlorinated well water: (DD/MM/YYYY)
2. Concentration of free chlorine residual after pumping well-water out of well: [value] mg/L
3. Date and time of re-dosing well: (DD/MM/YYYY) Time: [enter time] AM or PM (circle)
4. Concentration of free chlorine residual and time elapse after dosing
* Between 12 to 24 hours after re-dosing the well: [value] mg/L [info] Hours
1. Did test have to be repeated again? Yes or No (circle)
* If yes, continue with next questions
* If no, go to lines 21 and 22
1. Date of pumping out chlorinated well-water: (DD/MM/YYYY)
2. Concentration of free chlorine residual after pumping well-water out of well: [value] mg/L
3. Date and time of re-dosing well: (DD/MM/YYYY) Time: [info] AM or PM (circle)
4. Concentration of free chlorine residual and time elapse after dosing
* Between 12 to 24 hours after re-dosing the well: [value] mg/L [info] Hours
1. Concentration of free chlorine residual after pumping well-water out of well: [value] mg/L
2. Type of test used to measure free chlorine residual concentration: (circle one option)
* Test strips
* Colourimeter
* Other (specify)

Name of person constructing the well/ installing a pump: (Please print first and last name)

Well technician license number: [enter info]

Well contractor license number: [enter info]

Signature of person constructing the well/ installing a pump

Date: (DD/MM/YYY)