

CHLORINE RESIDUAL LOG

PWS Name: City of Fullerton

NE#: NE3112503

Month: Oct 24

Water Operator: _____

A free chlorine residual level of 0.20 mg/L must be maintained daily, or the disinfection period may be extended.

DATE	LOCATION OF SAMPLE	CHLORINE RESIDUAL (mg/L)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
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20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30	Fire Hall	0.22
31	Firehall	0.26

CHLORINE RESIDUAL LOG

PWS Name: City of Fullerton

NE#: NE3112503

Month: Nov

Water Operator: _____

A free chlorine residual level of 0.20 mg/L must be maintained daily, or the disinfection period may be extended.

DATE	LOCATION OF SAMPLE	CHLORINE RESIDUAL (mg/L)
1	Firehall	0.28
2	Firehall	0.25
3	Firehall	0.22
4	Locker	0.21
5	City Shop	0.25
6	Park Restroom Hyd	0.24
7	2 ND + Ida Courthouse Hyd	0.23
8	6 th + Ida Hyd	0.25
9	7 th + Division Hyd	0.33
10	Carl + Division Hyd	0.25
11	7 th + Division Hyd	0.24
12	6 th + Ida Hyd	0.21
13	Bernard + Broadway Hyd	0.26
14	7 th + Division Hyd	0.24
15	6 th + Ida Hyd	0.28
16	N Second Fuller	0.25
17	N Second Fuller Hyd	0.29
18	Carl + Division Hyd	0.24
19	6 th + IDA Hyd	0.30
20	7 th + Division Hyd	0.22
21	7 th + Johnson Hyd	0.65
22	N 2 ND + Fuller Hyd	0.22
23	N 4 th + Broadway Hyd	0.30
24	N 4 th + IDA Hyd	0.21
25	2 ND + Ida Hyd	0.22
26	6 th + Ida Hyd	0.23
27	7 th + Ida Hyd	0.21
28	7 th + Johnson Hyd	0.54
29	N 4 th + Broadway Hyd	0.28
30	Bernard + Broadway Hyd	0.25
31		

Nebraska Dept. of Environment & Energy/Division of Drinking Water

Disinfectant Use Reporting Form

This form is for use by systems NOT using continuous disinfection but disinfecting for emergency or maintenance purposes. **Note:** Disinfection byproducts (DBP) sampling will be required if chlorine is used for more than 30 consecutive or 45 total days per year, or if any source water TOC levels exceed 2 mg/L. Submittal of this form is required for each month in which a disinfectant is added to the drinking water.

Month: NOV
Year: 2024

System Name: City of Fullerton
PWS ID #: NE31

Type of Chlorine Used: _____ Solution Strength (in %): _____

Date	Total Flow in MGD	Total Pounds Used	Total Gallons Used	Reason for the use of chlorine	NDEE use only
	1000 GPD		1000		
1	323610	9	98		
2	323898	30	288		
3	324025	15	127		
4	324267	27	242		
5	324425	15	158		
6	324523	12	98		
7	324770	28	247		
8	324936	20	166		
9	325094	20	158		
10	325271	21	182		
11	325462	25	186		
12	325559	11	97		
13	325793	30	234		
14	325946	18	153		
15	326073	15	127		
16	326280	22	207		
17	326463	25	183		
18	326625	20	162		
19	326736	14	111		
20	326934	24	198		
21	327027	11	93		
22	327248	24	221		
23	327344	11	96		
24	327547	24	203		
25	327648	11	101		
26	327865	28	217		
27	328011	18	146		
28	328177	20	166		
29	328296	12	119		
30	328476	19	180		
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This report is due by the 10th of the following month during which disinfectant was used.
Return to NDEE Drinking Water Program, 245 Fallbrook Blvd Suite 100, Lincoln, NE 68521 or
FAX to: (402) 471-2909 or ndee.drinkingwater@nebraska.gov

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