NEW MAINS DISINFECTION LOG.

Site name and developer.		
Tasks carried out by (print name and company).	**Initial**	**Date Time**
Approximate length of main metres.		
Background chlorine: Free mg/l and Total mg/l		
Super Chlorination Level. Please enter appropriate value mg/l		
Chlorinated on (date)		
De-Chlorination flush Start		
De-Chlorination flush Finish		
Background chlorine: Free mg/l Total mg/l		
Work Order Number		
Connected on		
If you have any problems contact the appropriate Principal Scientist		
Please return this form to the Developer Services Department when complete.		