

**Dechlorination Record Form**

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| **Date of discharge:** | **Time:** |
| **Location of discharge:** | |
| **Reason for dechlorination:** | |
| **Description of pipe or reservoir to be dechlorinated** [size, material, etc]**:** | |
| **Chemical used: Quantity:** | |
| **Method of application :** | |
| **Residual chlorine check during dechlorination** [to be completed after the construction/repair of a pipeline]**:** | |

Name: …………………………………………………….. Role/Title: …………………………......

Signed: ……………………………………………………… Date: ……………………………………….

All completed forms are to be filed at Pomare Depo with the project files.