**Flushing Record Form** 

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| --- | --- |
| **Date of discharge:** | **Time:** |
| **Location of discharge:** |
| **Reason for flushing:** |
| **Description of pipe or reservoir to be disinfected** [size, material, etc]**:** |
| **Method of flushing:** |
| **Residual chlorine check prior to connection to distribution system:** |

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

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