|  |  |  |  |
| --- | --- | --- | --- |
| **System Name:**  **LCUC 7 291** | **ID#:**  **05735K** | **County:**  **Thurston** | **Report to:**  **SWDOH** |
| If residual gets below **0.7 ppm** or above **2.0 ppm** please contact the office at (360)357-8783 **ASAP.** | | | |
| If taking a vacation please contact our Customer Service Department two weeks in advance so we can get the residual done while you are gone. | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Time of Day | Free Cl2 Residual | Initials | Called PUD | Comments |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |

**Please mail, email or fax into the PUD office by the 2nd of the following month**. Form needs to be submitted to the State by the 10th of each month or the PUD may receive a violation for the system. Email [PUDCustomerService@thurstonpud.org](mailto:PUDCustomerService@thurstonpud.org) Fax # 360-357-1172