Dechlorination/Discharge LOG

Site Name & ID:_____ Phase: _____ City Block #:_____

Contractor/Company Performing Dechlorination/Discharge: _____

Discharge Location:_____

Name of Dechlorination reagent used: _____

Receiving Area (Pond, river, stream, creek, etc.)_____

Date	Time (hh:mm)	Chlorine Readings (mg/L)	Operator Name & Initials	