



# Eastridge West 344

## Daily Customer Chlorination Report Form

Thurston PUD 1230 Ruddell Rd SE Lacey, WA 98503 (360) 357-8783	Month of: _____ 20____ Please test between the hours of 6am – 10am
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<b>System Name:</b> Eastridge West 344	<b>ID#:</b> 04868Y	<b>County:</b> Lewis	<b>Report to:</b> LC
If residual gets below <b>0.2 ppm</b> or above <b>2.0 ppm</b> , please contact the office at (360)357-8783 <b>ASAP</b> . <b><i>Remain on the line for after-hours service.</i></b>			
<i>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.</i>			

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					
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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 10<sup>th</sup> 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