

Water Tank Record for an Event

Company Name _____ Month _____ Year _____

Event/Customer _____

Date and Time of Initial Disinfection _____

Water Truck Identifier, e.g. License Plate _____

Date, Time, Lab for Bacteriological Water Sample Taken at First fill¹ _____

Instructions

Please enter a date and time and information relative to action taken.

Date	Time	Action Taken <ul style="list-style-type: none"> Tank fill/chlorine amount used Problems noted/fixed 	Free Chlorine Residual Test Full Tank	Free Chlorine Residual¹ Test Last Delivery for the day
1/1/00	000:00AM	Tank Filled/ x oz. chlorine	1.0 PPM	

¹ One sample per event is required; the Health Department office with jurisdiction may take the sample.

Minnesota Department of Health Water Hauling for Special Events

Tank Requirements: Tank must be an approved material such as stainless steel, plastic that is designed for drinking water, etc. Tank must be dedicated for water hauling only. Any previous use for non-food products is not permitted. Prior use for tanks used for any products other than drinking water requires approval by the Minnesota Dept. of Health.

Tank Maintenance: Tank must be filled from top, maintained closed except for vents, and accessible internally for proper cleaning and disinfection. Caps on the tank must be hinged or secured with a chain.

Tank Cleaning: The tank must be cleaned with noncorrosive detergents and sanitized with a 50 parts per million chlorine solution for 3 hours, or a 100ppm solution for 20 minutes.

Chlorination of Water: The water delivered to customers must contain 1.0 part per million free chlorine. It must be from an approved and tested public water supply. Generally, 3 oz. of 5% household bleach (non-scented) per 1000 gallons will give you a 1.0 ppm chlorine solution.

Testing: The water hauler must collect a sample from each water hauling tank used.

- Chlorine levels must be tested to verify correct dosing.
- One bacteriological analysis is required per event at time of first fill.

Records: Records must be maintained in log form showing:

- When the tank was sanitized
- Date of tank filling and approved source
- Chlorine residual and date and time of measurement
- Date of water analysis
- Customer's identifier (e.g. name, license plate, site #, etc.)

Minnesota Department of Health
EH-DWP
651-201-4700
www.health.state.mn.us

11/13/19

To obtain this information in a different format, call: 651-201-4700.