

Arizona Department of Environmental Quality
Drinking Water Chlorine Dioxide/Chlorite Daily Samples Report

*** Routine Daily samples must be taken at EPDS. Can be analyzed in the Field by state approved party***

PWS ID#: AZ04 _____

PWS Name: _____

Contact Person and Phone Number: _____

Reporting Month/Year: _____

EPDS: _____ (TP: _____)

†If Chlorine Dioxide was not used, write N/A for that day's result. If the result is a non-detect, please enter a "<".

Analyte	Limit	Method	MDL (mg/L)	Highest Result
Chlorine Dioxide	MRDL = 0.8 mg/L			
Chlorite	MCL = 1.0 mg/L			

Day	Chlorine Dioxide Result (mg/L)†	Chlorite Result (mg/L)†	Analyzed by	Time	PWS Compliance Reporting Information *** Any Acute MCL Tier 1 violations – Contact ADEQ ASAP, within 24 hours.				
CHLORINE DIOXIDE									
1									
2					1. Were any of the daily entry point Chlorine Dioxide samples > 0.8 mg/L? If yes, a 3-sample distribution set must be collected the following day.				
3						<input type="checkbox"/> Yes <input type="checkbox"/> No			
4					2. Was a Chlorine Dioxide EPDS sample collected the following day? If no, Non-Acute MRDL (Tier 2) violation.				
5						<input type="checkbox"/> Yes <input type="checkbox"/> No			
6					3. Were any 2 consecutive days of the daily EPDS Chlorine Dioxide sample s > 0.8 mg/L? If yes, non acute MRDL (Tier 2) violation.				
7						<input type="checkbox"/> Yes <input type="checkbox"/> No			
8					4. Was a (3-sample set) of Chlorine Dioxide distribution samples collected the following day? If no, acute MRDL (Tier 1 violation).***				
9						<input type="checkbox"/> Yes <input type="checkbox"/> No			
10					3-Sample Distribution Set for Chlorine Dioxide (if necessary)				
11					Date	DDBP1	DDBP2	DDBP3	If Cl ₂ Booster = 3 Sample Set If NO Cl ₂ Booster = 3 samples at first connection, 6 hr. intervals
12									
13									
14									
15									
16					5. Do any results of the 3-sample set exceed 0.8 mg/L? If yes, acute MRDL (Tier 1 violation).				
17						<input type="checkbox"/> Yes <input type="checkbox"/> No			
18					CHLORITE				
19					6. Were any of the EPDS Chlorite samples > 1.0 mg/L? If yes, a 3-sample distribution set must be collected the following day.				
20						<input type="checkbox"/> Yes <input type="checkbox"/> No			
21					3-sample distribution set results for Chlorite (if necessary)				
22					Date	Sample Site Location			Average (mg/L)
23						DDBP1	DDBP2	DDBP3	
24									
25									
26									
27									
28									
29					7. Were any of the 3-sample set averages > 1.0 mg/L? If yes, chlorite MCL violation (Tier 1 violation).***				
30						<input type="checkbox"/> Yes <input type="checkbox"/> No			
31					Please also return DWAR 16E (monthly Chlorite form)				

Comments: _____

I hereby certify that the information provided on this form is accurate and correct to the best of my knowledge.

Authorized Name: _____ Authorized Signature: _____