



**DRINKING WATER ANALYSIS REPORTING FORM
CHLORINE DIOXIDE/CHLORITE - DAILY**

*** Entry Point to the Distribution System (EPDS) only ;
Can be analyzed in the Field by state approved party ***

[_____]
PWS ID Number

_____ **PWS Name**

_____ **Owner/Contact Person**

_____ **Owner/Contact Email Address**

(_____) _____
Owner/Contact Phone Number

EPDS ID [_____]

TREATMENT PLANT ID [_____]

REPORTING MONTH/YEAR [_____]

ANALYTE	LIMIT	METHOD	MDL (MG/L)	HIGHEST RESULT
Chlorine Dioxide	MRDL = 0.8 mg/L			
Chlorite	MCL = 1.0 mg/L			

* If Chlorine Dioxide was *not used*, write "N/A" for that day's result. If the result is *Non-Detect*, write "<" for that day's result.

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.				
1					CHLORINE DIOXIDE – Cont. Code 1008				
2					Were any of the daily entry point Chlorine Dioxide samples > 0.8 mg/L? <i>If yes, a 3-sample distribution set must be collected the following day.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					Was a Chlorine Dioxide EPDS sample collected the following day? <i>If no, Non-Acute MRDL (Tier 2) violation.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					Were any 2 consecutive days of the daily EPDS Chlorine Dioxide sample s >0.8 mg/L? <i>If yes, non acute MRDL (Tier 2) violation.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					Was a (3-sample set) of Chlorine Dioxide distribution samples collected the following day? <i>If no, acute MRDL (Tier 1 violation).***</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					3-Sample Distribution Set for Chlorine Dioxide (if necessary)				
7					Date	DDBP1	DDBP2	DDBP3	If Cl ₂ Booster = 3 Sample Set If NO Cl ₂ Booster = 3 samples at first connection, 6 hr. intervals
8									
9									
10									
11									
12					Do any results of the 3-sample set exceed 0.8 mg/L? <i>If yes, acute MRDL (Tier 1 violation).</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
13					CHLORITE – Cont. Code 1009				
14					Were any of the EPDS Chlorite samples >1.0 mg/L? <i>If yes, a 3-sample distribution set must be collected the following day.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
15					3-sample distribution set results for Chlorite (if necessary)				
16					Date	SAMPLE SITE LOCATION			Average (mg/L)
17						DDBP1	DDBP2	DDBP3	
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29					Were any of the 3-sample set averages > 1.0 mg/L? <i>If yes, chlorite MCL violation (Tier 1 violation).***</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
30					Please also return DWAR 16E (monthly Chlorite form)				
31									

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

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

Comment [_____]

Contact Person [_____]

Authorized Signature [_____]

Contact Email Address [_____]

Contact Phone Number [_____]

All units must be reported in milligrams per liter (mg/L)

Submit completed form to:

EMAIL: WQD_Compliance_Data@azdeq.gov -or-

MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),

For questions call: (602) 771-9200

1110 W. Washington St., Phoenix, AZ 85007.