

Arizona Department of Environmental Quality  
**Drinking Water Chlorite Monthly Analysis Reporting Form**

\*\*Systems using Chlorine Dioxide must submit a Monthly Chlorite sample set within the distribution system\*\*

PWS ID#: AZ04 \_\_\_\_\_

PWS Name: \_\_\_\_\_

\_\_\_\_\_  
 Sample Date      Sample Time (24 hr clock)

\_\_\_\_\_  
 Owner/Contact Person

\_\_\_\_\_  
 Owner/Contact Email

(\_\_\_\_\_) \_\_\_\_\_  
 Owner/Contact Phone Number

Monitoring Period:

\_\_\_\_\_  
 Month              Year

\_\_\_\_\_  
 EPDS ID#              Treatment Plant ID#

**Contaminant Name/Contaminant Code: Chlorite/1009**

**MCL: 1.0 mg/L**

Specimen ID	Sample Location ID & Name as specified in DDBP Siting Plan (i.e. DDBP1-1234 Main St.)	Analysis Run Date/Time	Analysis Method	Analysis Result (mg/L)
<b>Calculated Sample-Set Average</b>				

**Laboratory Information**

Lab ID Number: AZ \_\_\_\_\_ Lab Name: \_\_\_\_\_

Printed Name and Phone Number of Lab Contact: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

DWAR-16E: Revised 07/2017

Return to: Arizona Department of Environmental Quality  
 1110 W. Washington St. 5415B-  
 Phoenix, AZ 85007

For Questions Call: (800) 234-5677 ext. 771-  
 9200 or within AZ at (602) 771-9200

-OR- [WQD\\_Compliance\\_Data@azdeq.gov](mailto:WQD_Compliance_Data@azdeq.gov)