



DRINKING WATER ANALYSIS REPORTING FORM
CHLORITE - MONTHLY
 *** PWS using Chlorine Dioxide as disinfection must sample a monthly Chlorite within the Distribution System ***

***** PUBLIC WATER SYSTEM INFORMATION *****
 >>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

PWS ID Number: AZ04 _____ **PWS Name:** _____

Owner/Contact Person (_____) **Owner/Contact Phone Number** _____ **Owner/Contact Email Address** _____

SAMPLE TYPE: Compliance Monitoring **Monitoring Period:**
 Month [_____] Year [_____]

***** CHLORITE ANALYSIS *****
 >>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

Specimen #	Sample Location ID/Name <small>(i.e. DDBP1-1234 Main St.)</small>	Sample Date	Sample Time	Analysis Method	Analysis Run Date/Time	Result <small>(mg/L)</small>

Contaminant Name: Chlorite **Contaminant Code:** 1009 **Calculated Sample-Set Average:**
 MCL: 1.0 mg/L

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge:
Lab ID Number [AZ _____] **Lab Name** [_____] **Phone Number** [_____]
Lab Contact, Printed Name [_____] **Authorized Signature** [_____]
Comments [_____]
PWS Notification Date [_____] **PWS Person Notified** [_____]

Submit completed form to: **EMAIL:** WQD_Compliance_Data@azdeq.gov -or- **MAIL:** ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St., Phoenix, AZ 85007.
 or questions call: (602) 771-9200