



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*	Chlorite Result*	SAMPLE TIME (24HR)	ANALYZED BY	ANALYZE TIME (24HR)	PWS Compliance Reporting Information				
*** Any Acute MCL Tier 1 violations – Contact ADEQ ASAP, within 24 hours.										
CHLORINE DIOXIDE – Cont. Code 1008										
1						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
2										
3										
4										
5										
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
Were any 2 consecutive days of the daily EPDS Chlorine Dioxide samples > 0.8 mg/L? <i>If yes, non acute MRDL (Tier 2) Violation.</i>										<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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										
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
CHLORITE – Cont. Code 1009										
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
3-sample distribution set results for Chlorite (if necessary)										
						Date	SAMPLE SITE LOCATION			Average (mg/L)
							DDBP1	DDBP2	DDBP3	
22										
23										
24										
25										
26										
27										
28										
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
>> Please also return DWAR 16E (monthly Chlorite form) <<										

>>>> 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)

DWAR 16D: Revised 8/2022

Submit completed form to:

EMAIL: WQD_Compliance_Data@azdeq.gov -or-

MAIL: ADEQ Water Quality Compliance Data Unit (MC5415B-1),

For questions, go to: azdeq.gov/DWComplianceAssistance

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