



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.				
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						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
23						>> 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)

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.