



**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](mailto:WQD_Compliance_Data@azdeq.gov) -or- **MAIL:** ADEQ Water Quality Compliance Data Unit MC5415B-1),  
 For questions, go to: [azdeq.gov/DWComplianceAssistance](http://azdeq.gov/DWComplianceAssistance) 1110 W. Washington St., Phoenix, AZ 85007.