**Chlorite/Chlorine Dioxide**

**(Daily Samples) Report**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I. PWS INFORMATION: Please refer to your DBPR Sampling Plan to help complete this form | | | | | | | | | | | | | | | | | | | | |
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| **PWS ID #:** | | | NV000 | |  | | | **City / Town:** | | | | |  | | | | | | | |
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| **PWS Name:** | | |  | | | | | | | | | |  | **PWS Class:** | | | **COM**  **NTNC**  **TNC** | | | |
| **Treatment Plant:** | | |  | | | | | | | | | |
| **Reporting Month:** | | | | |  | | | | | | | **Reporting Year:** | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Analyte** | | | | Limit | | | **Method** | | | | | | | | | | | | **MDL**  **(mg/L)** | |
| **CHLORITE:** | | | | MCL= 1.0 mg/L | | | **SM 4500-ClO2 E**  **EPA 300.0**  **EPA 300.1** | | | | | | | | | | | |  | |
| **CHLORINE DIOXIDE:** | | | | **MRDL= 0.8 mg/L** | | | **SM 4500-ClO2 E**  **SM 4500-ClO2 D** | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Day | **Chlorine Dioxide Result (mg/L)** | **Chlorite Result (mg/L)** | | | **Analyzed By** | **Time** | | | | **PWS Compliance Reporting Information** | | | | | | | | | | |
| 1 |  |  | | |  |  | | | | CHLORINE DIOXIDE | | | | | | | | | | |
| 2 |  |  | | |  |  | | | | Were any of the daily entry point Chlorine Dioxide samples > 0.8 mg/L?  If yes, a 3-sample distribution set must be collected the following day.  Complete the following questions: | | | | | | | | | | Yes  No |
| 3 |  |  | | |  |  | | | |
| 4 |  |  | | |  |  | | | | Was a Chlorine Dioxide entry point sample collected the following day?  If no, non-acute MRDL (Tier 2) violation. | | | | | | | | | | Yes  No |
| 5 |  |  | | |  |  | | | |
| 6 |  |  | | |  |  | | | | Were any 2 consecutive days of the daily entry point Chlorine Dioxide samples >0.8 mg/L? If yes, non-acute MRDL (Tier 2) violation. | | | | | | | | | | Yes  No |
| 7 |  |  | | |  |  | | | |
| 8 |  |  | | |  |  | | | | Was a (3-sample set) of Chlorine Dioxide distribution samples collected on the following day? If no, acute MRDL (Tier 1) violation. Contact State as soon as possible, but no later than 24 hours after situation occurs. | | | | | | | | | | Yes  No |
| 9 |  |  | | |  |  | | | |
| 10 |  |  | | |  |  | | | | **3-Sample Distribution Set Results for Chlorine Dioxide (if needed)** | | | | | | | | | | Attach 3-  Sample Set Report(s) |
| 11 |  |  | | |  |  | | | | Date | 1st | | | | 2nd | | | 3rd | |
| 12 |  |  | | |  |  | | | |  |  | | | |  | | |  | |
| 13 |  |  | | |  |  | | | |  |  | | | |  | | |  | |
| 14 |  |  | | |  |  | | | |  |  | | | |  | | |  | |
| 15 |  |  | | |  |  | | | |  |  | | | |  | | |  | |
| 16 |  |  | | |  |  | | | | Do any results of the 3-sample set exceed the 0.8 mg/L MRDL?  If yes, acute MRDL (Tier 1) violation. Contact State as soon as possible, but no later than 24 hours after situation occurs. | | | | | | | | | | Yes  No |
| 17 |  |  | | |  |  | | | |
| 18 |  |  | | |  |  | | | | CHLORITE | | | | | | | | | | |
| 19 |  |  | | |  |  | | | | Were any of the daily entry point Chlorite samples > 1.0 mg/L? If yes, a 3-sample distribution set must be collected the following day. Complete the following questions: | | | | | | | | | | Yes  No |
| 20 |  |  | | |  |  | | | |
| 21 |  |  | | |  |  | | | | **3-Sample Distribution Set Results for Chlorite (and additional sets if needed)** | | | | | | | | | | |
| 22 |  |  | | |  |  | | | | Date | Location of Sample | | | | | | | | | Average (mg/L) |
| 23 |  |  | | |  |  | | | | 1st customer | | | | Ave. Time | | | Max Time | |
| 24 |  |  | | |  |  | | | |  |  | | | |  | | |  | |  |
| 25 |  |  | | |  |  | | | |  |  | | | |  | | |  | |  |
| 26 |  |  | | |  |  | | | |  |  | | | |  | | |  | |  |
| 27 |  |  | | |  |  | | | |  |  | | | |  | | |  | |  |
| 28 |  |  | | |  |  | | | |  |  | | | |  | | |  | |  |
| 29 |  |  | | |  |  | | | | Were any of the 3-sample set averages > 1.0 mg/L?  If yes, Chlorite MCL (Tier 2) violation. | | | | | | | | | | Yes  No |
| 30 |  |  | | |  |  | | | |
| 31 |  |  | | |  |  | | | | # of Chlorite MCL violations during month: | | | | | | | | | |  |
| NOTES | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| *I attest to the validity and authenticity of the sample(s) collected. I am aware that tampering with or intentionally mislabeling the sample(s) location, date or time of collection may be considered fraud and subject to legal action.* | | | | | | | | | **PWS Authorized Signature:** | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
| **Date:** | | | | | | |  | | | | |
| Submit this report to the State and local Health District no later than 10 days after the end of the month in which you complete this report or no later than 10 days after the end of the reporting period, whichever is sooner. | | | | | | | | | | | | | | | | | | | | |

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| **Initials** | **Full Name** | **Last IDC Date** |
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