**Chlorite (3-Sample Set) Report**

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| I. PWS INFORMATION: Refer to your Disinfectant & Disinfection Byproducts Sample Plan Chlorine Dioxide & Chlorite to help complete |
|  |
| **PWS ID #:** |       |  | **City / Town:** |       |
| **PWS Name:** |       |  | **PWS Class:** | **COM [ ]  NTNC [ ]  TNC [ ]**  |
| **Treatment Plant:** |       |  |
| **SAMPLE LOCATION****(LOC) ID#** | **Sample Location Name** | **Date Collected** | Collected By |
| **A** |       |       |       |       |
| **B** |       |       |       |       |
| **C** |       |       |       |       |
|  | **Routine or****Special Sample** | **Original, Resubmitted or****Confirmation Report** | **If Resubmitted Report, list below:** |
| **(1) Reason for Resubmission** | **(2) Collection Date of Original Sample** |
| **A** | [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
| **B** | [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
| **C** | [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
|  | SAMPLE NOTES  |
| **A** |       |
| **B** |       |
| **C** |       |
|  |
| **II. ANALYTICAL LABORATORY INFORMATION (attach laboratory reports):** |
|  |
| **Primary Lab NV Cert. #:** |  | **Primary Lab Name:** |  | **Subcontracted? (Y/N)** |  |
|  |
| **Analysis Lab NV Cert. #:** |  | **Analysis Lab Name:** |  |  |  |
|  |
| CHLORITEResult (mg/L) | **MCL****(mg/L)** | **MRL\*\*****(mg/L)** | **Lab Method** | **Date Analyzed** | **Lab Sample ID#** |
| **A** |       | 1.0\* |       |       |       |       |
| **B** |       | 1.0\* |       |       |       |       |
| **C** |       | 1.0\* |       |       |       |       |
|  |
| \* The Chlorite MCL is violated if the average of any three-sample sets exceeds 1.0 mg/L.\*\*MRL = 0.020 mg/L |
|  |
|  | LAB SAMPLE NOTES |
| **A** |       |
| **B** |       |
| **C** |       |
|  |
|  *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. |