

Arizona Department of Environmental Quality  
 Quarterly Report For Systems Using Chlorine Dioxide  
**Disinfection Byproducts**  
**Chlorite**  
 (POE Sampling)

Report Date [\_\_\_\_\_]

System ID [\_\_ / \_\_ / - / \_\_ / \_\_]      System Name [\_\_\_\_\_]

This report is for (check one) Qtr 1[ ] Qtr 2[ ] Qtr 3[ ] Qtr 4[ ] of Year[\_\_\_\_\_] POE # [\_\_\_\_\_]

A. Number of POE samples collected each month during the past three months \_\_\_\_\_  
Last m    2 m ago    3 m ago

B. Results of daily sampling for Chlorite at the entrance to the distribution system for the past three months. Record a "NO" if Chlorine Dioxide was not utilized that day.

Month[\_\_\_\_\_]

1_____	2_____	3_____	4_____	5_____	6_____	7_____	8_____	9_____	10_____
11_____	12_____	13_____	14_____	15_____	16_____	17_____	18_____	19_____	20_____
21_____	22_____	23_____	24_____	25_____	26_____	27_____	28_____	29_____	30_____
31_____									

Month[\_\_\_\_\_]

1_____	2_____	3_____	4_____	5_____	6_____	7_____	8_____	9_____	10_____
11_____	12_____	13_____	14_____	15_____	16_____	17_____	18_____	19_____	20_____
21_____	22_____	23_____	24_____	25_____	26_____	27_____	28_____	29_____	30_____
31_____									

Month[\_\_\_\_\_]

1_____	2_____	3_____	4_____	5_____	6_____	7_____	8_____	9_____	10_____
11_____	12_____	13_____	14_____	15_____	16_____	17_____	18_____	19_____	20_____
21_____	22_____	23_____	24_____	25_____	26_____	27_____	28_____	29_____	30_____
31_____									

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorizer Name [\_\_\_\_\_]      Signature [\_\_\_\_\_]

Arizona Department of Environmental Quality  
Quarterly Report For Systems Using Chlorine Dioxide  
**Disinfection Byproducts**  
Chlorite  
(Distribution Sample-Set Averages)

Report Date [\_\_\_\_\_]

System ID [ \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ ] System Name [\_\_\_\_\_]

This report is for (check one) Qtr 1[] Qtr 2[] Qtr 3[] Qtr 4[] of Year[\_\_\_\_\_]

**A. Routine and Follow-up samples for Chlorite in the distribution system for the past three months.**

Sample Month	Sample-Set Average

**B. Record violations of the Chlorite MCL.**

- 1. Did the average of a sample-set exceed the Chlorite MCL of 1.0 mg/L Yes [  ] No [  ]
- 2. If "yes", in which month did the violation occur and how many times was the MCL violated in each month? \_\_\_\_\_

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorizer Name [\_\_\_\_\_] Signature [\_\_\_\_\_]

Arizona Department of Environmental Quality  
Water Quality Compliance Section 5415B-1  
1110 W Washington St, Phoenix, Arizona 85007  
For Questions Call: (602) 771-4624 or within AZ (800) 234-5677 ext.771-4624