

**Chlorite/Chlorine Dioxide (Daily Samples) Report****I. PWS INFORMATION:** Please refer to your DBPR Sampling Plan to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☐ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Reporting Month	Reporting Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Analyte	Limit	Method	MDL (mg/L)
CHLORITE:	MCL= 1.0 mg/L	<input type="checkbox"/> SM 4500-ClO ₂ E <input type="checkbox"/> EPA 300.0 <input type="checkbox"/> EPA 300.1	
CHLORINE DIOXIDE:	MRDL= 0.8 Mg/L	<input type="checkbox"/> SM 4500-ClO ₂ E <input type="checkbox"/> SM 4500-ClO ₂ D	

Day	Chlorite Result (mg/L)	Chlorine Dioxide Result (mg/L)	Analyzed By (Name or Lab Cert. #)	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:			<input type="checkbox"/> Yes <input type="checkbox"/> No
3				Was a Chlorine Dioxide entry point sample collected the following day? If no, non-acute MRDL (Tier 2) violation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4				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.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5				Was a (3-sample set) of Chlorine Dioxide distribution samples collected on the following day? If no, acute MRDL (Tier 1) violation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6				3-Sample Distribution Set Results for Chlorine Dioxide (if needed)			
7				Date	1 st	2 nd	3 rd
8							
9							
10							
11				Do any results of the 3-sample set exceed the 0.8 mg/L MRDL? If yes, acute MRDL (Tier 1) violation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
12				CHLORITE			
13				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:			<input type="checkbox"/> Yes <input type="checkbox"/> No
14				3-Sample Distribution Set Results for Chlorite (and additional sets if needed)			
15				Date	Location of Sample		Average (mg/L)
16					1 st customer	Ave. Time	Max Time
17							
18							
19							
20							
21							
22				Were any of the 3-sample set averages > 1.0 mg/L? If yes, Chlorite MCL (Tier 2) violation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
23				# of Chlorite MCL violations during month:			
24							
25							
26							
27							
28							
29							
30							
31							

NOTES

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: _____**Date:** _____

In accordance with 310 CMR 22.15(2), if mailing paper reports, ONE copy of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above..

DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	