**CHLORINE DIOXIDE AND CHLORITE MONITORING AND REPORTING FORM**

1. **Public Water System (PWS) Information:**
   - **PWSID:** OK
   - **PWS Name:**

2. **Compliance Information:**
   - **Water System Facility ID:**
   - **Plant Name:**
   - **Month:**
   - **Year:**

3. **Analytical Results & Summary Information:**

   **Chlorine Dioxide Daily Monitoring (Summary Type: CLO2)**
   - **Day:**
   - **ClO2 (mg/L):**
   - **Chlorite (mg/L):**
   - **Number of Samples Required:**
   - **Number of Samples Collected:**
   - **Was All Chlorine Dioxide Monitoring & Reporting Completed?**
   - **Yes / No**
   - **Number of ClO2 samples exceeded the MRDL of 0.8 mg/L?**
   - **Yes / No**
   - **If a routine sample exceeds the MRDL, the system is required to take (3) three more samples the next day.**

   **Chlorite Daily Monitoring (Summary Type: CLO2) Ihr**
   - **Day:**
   - **Chlorite (mg/L):**
   - **Sampling Location:**
   - **Lab Sample ID:**
   - **Certified Lab ID:**
   - **Collection Date:**
   - **Chlorite (mg/L):**

**Routine Chlorite Monthly Monitoring in Distribution System**

**Sampling Location**

<table>
<thead>
<tr>
<th>Sampling Location</th>
<th>Lab Sample ID</th>
<th>Certified Lab ID</th>
<th>Chlorite (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near 1st Customer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Residence Time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max. Residence Time</td>
<td></td>
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</tbody>
</table>

**Monitoring Period Average:**

- If the arithmetic average of any three sample set exceeds the Chlorite MCL (1.0 mg/L), the system is in violation of the MCL.
- If more than one three-sample set was collected, attach additional copies of this form.

**Signature of owner or operator:**

**Date:**

**Operator License Number:**

**Send all Documents to:**

**DEQ Form # 630-577D**

**Shawn Brandt**

**Revision 10.3.2013**

**Oklahoma Department of Environmental Quality**

**P.O. Box 1677 OKC, OK  73101**