

# DAILY CHLORINE DIOXIDE DISTRIBUTION MONITORING REPORT

Facility Name: \_\_\_\_\_

Facility No.: \_\_\_\_\_ Month/Year: \_\_\_\_\_

System/Treatment Plant: \_\_\_\_\_

## DAILY CHLORINE DIOXIDE

**Use this form for daily distribution measurements only. If additional samples are taken due to an exceedence of the MRDL you MUST complete the form on the back of this page and use a certified laboratory to take the additional 3 required samples.**

A. Total number of distribution chlorine dioxide measurements = \_\_\_\_\_

B. Total number of distribution chlorine dioxide measurements exceeding the MRDL of 0.8 mg/L = \_\_\_\_\_

To the best of my knowledge, the above information is complete and accurate.

Signature of ROINC: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or Fax Report to:

IEPA/BOW/CAS/DWU #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, Illinois 62794-9276  
217/785-0561

Fax 217/557-1407

*Daily chlorine dioxide Distribution Report Form: Page 1 of 1*

This Agency is authorized to require this information under ILLINOIS REVISED STATUTES, 1979, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

# DAILY CHLORINE DIOXIDE DISTRIBUTION SYSTEM REPORT IF MRDL IS EXCEEDED

Facility Name: \_\_\_\_\_

Facility No.: \_\_\_\_\_ Month/Year: \_\_\_\_\_

System/Treatment Plant: \_\_\_\_\_

Date	No. of Sites Where chlorine dioxide was Measured	No. of Sites Where chlorine dioxide MRDL was exceeded	Result of measurement from location as close as possible to first customer	Result of measurement from location representative of average residence time	Result of measurement from location as close as possible to end of distribution system
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					
<b>Total</b>					

To the best of my knowledge, the above information is complete and accurate.

Signature of ROINC: \_\_\_\_\_ Date: \_\_\_\_\_

*Daily chlorine dioxide Distribution Report Form: Page 2 of 2*

This Agency is authorized to require this information under ILLINOIS REVISED STATUTES, 1979, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.