

DAILY CHLORITE DISTRIBUTION MONITORING REPORT

Facility Name: _____

Facility No.: _____ Month/Year: _____

System/Treatment Plant: _____

DAILY CHLORITE

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 chlorite measurements = _____

B. Total number of distribution chlorite measurements exceeding the MRDL of 1.0 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 chlorite 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 CHLORITE DISTRIBUTION SYSTEM REPORT IF MRDL IS EXCEEDED

Facility Name: _____

Facility No.: _____ Month/Year: _____

System/Treatment Plant: _____

Date	No. of Sites Where Chlorite was Measured	No. of Sites Where Chlorite 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					
Total					

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

Signature of ROINC: _____ Date: _____

Daily chlorite 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.