

**MRDL Form 3**  
**Quarterly Report for Daily and Monthly Chlorine Dioxide**

PWSID #: \_\_\_\_\_ SYSTEM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TREATMENT PLANT NAME: \_\_\_\_\_ PLANT ID#: \_\_\_\_\_  
 PREPARED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 YEAR: 20 \_\_\_\_\_ POPULATION SERVED: \_\_\_\_\_ System has Distribution System Chlorine Booster Station(s):  Yes  No **VIOLATION?:**

CHECK ONE:  1<sup>st</sup> QUARTER (Jan, Feb, Mar)  2<sup>nd</sup> QUARTER (Apr, May, Jun)  3<sup>rd</sup> QUARTER (Jul, Aug, Sep)  4<sup>th</sup> QUARTER (Oct, Nov, Dec)

Complete for First Month in Quarter (Month _____)					Complete for Second Month in Quarter (Month _____)					Complete for Third Month in Quarter (Month _____)				
	Column A	Column B	Column C	Column D		Column A	Column B	Column C	Column D		Column A	Column B	Column C	Column D
Day	ClO <sub>2</sub> Daily Data – Entrance to Distribution System (mg/L)	ClO <sub>2</sub> Distribution System – Location #1 or 1 <sup>st</sup> Customer 1 <sup>st</sup> Sample (mg/L)	ClO <sub>2</sub> Distribution System – Location #2 or 1 <sup>st</sup> Customer 2 <sup>nd</sup> Sample (mg/L)	ClO <sub>2</sub> Distribution System – Location #3 or 1 <sup>st</sup> Customer 3 <sup>rd</sup> Sample (mg/L)	Day	ClO <sub>2</sub> Daily Data – Entrance to Distribution System (mg/L)	ClO <sub>2</sub> Distribution System – Location #1 or 1 <sup>st</sup> Customer 1 <sup>st</sup> Sample (mg/L)	ClO <sub>2</sub> Distribution System – Location #2 or 1 <sup>st</sup> Customer 2 <sup>nd</sup> Sample (mg/L)	ClO <sub>2</sub> Distribution System – Location #3 or 1 <sup>st</sup> Customer 3 <sup>rd</sup> Sample (mg/L)	Day	ClO <sub>2</sub> Daily Data – Entrance to Distribution System (mg/L)	ClO <sub>2</sub> Distribution System – Location #1 or 1 <sup>st</sup> Customer 1 <sup>st</sup> Sample (mg/L)	ClO <sub>2</sub> Distribution System – Location #2 or 1 <sup>st</sup> Customer 2 <sup>nd</sup> Sample (mg/L)	ClO <sub>2</sub> Distribution System – Location #3 or 1 <sup>st</sup> Customer 3 <sup>rd</sup> Sample (mg/L)
1					1					1				
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Instructions on Reverse

**INSTRUCTIONS FOR COMPLETING**  
***Quarterly Report for Daily and Monthly Chlorine Dioxide Sampling***  
***For Systems Using Chlorine Dioxide***

1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by USEPA
2. System Name: Enter legal system name provided to USEPA when PWSID assigned.
3. Date: Enter the date that the final report is prepared and signed.
4. Treatment Plant Name: Enter the name of the treatment plant from which these results are associated. Be sure the name is consistent with treatment plant name in the monitoring plan.
5. Plant ID #: Enter the plant's location identification number.
6. Prepared By: Print the name of the person completing the form.
7. Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan.
8. Title: Title/position of individual signing the report.
9. Year: Fill in remaining two digits of year. (Note: The year should be representative of the monitoring period, which may not always be the year in which the report was prepared.)
10. Population Served: Enter the population served by the system.
11. Distribution System Chlorine Booster Station(s): Check yes or no depending upon whether or not the system has a distribution system chlorine booster station(s).
12. Violation?: Check only if the system has had a violation during the current reporting quarter.
13. Check One: Check the box for the appropriate reporting quarter.
14. Complete for First Month in Quarter (Month \_\_\_\_\_), etc.: Fill in the blank for each corresponding month in the quarter as follows:

	Q1	Q2	Q3	Q4
Month 1	Jan	April	July	Oct
Month 2	Feb	May	Aug	Nov
Month 3	Mar	June	Sept	Dec

This form applies to Community and Non-Transient Non-Community, and Transient Non-Community systems that treat water with chlorine dioxide anywhere in their treatment process. The form should be used for Chlorine Dioxide daily samples at entry point to the distribution system and additional monitoring of Chlorine Dioxide.

**The form covers three months in a quarter. Please note that each month in the quarter has a corresponding set of Columns A-E.**

15. Column A: Enter the ClO<sub>2</sub> residual in mg/L measured at the entrance to the distribution system each day of the month.

16. Columns B, C & D:

**If Booster Chlorination is NOT used in the Distribution System:** any daily sample of ClO<sub>2</sub> that exceeds the MRDL of 0.8 mg/L triggers a requirement for a set of 3 distribution system samples be taken the next day as close to the first customer as possible at intervals of at least six (6) hours on the day following an entry point sample result of >0.8 mg/L.

- Enter in Column B, the first ClO<sub>2</sub> residual in mg/L on the day of the month following an entry point sample >0.8 mg/L.
- Enter in Column C, the second of the three required ClO<sub>2</sub> residual in mg/L measured at intervals of at least six hours in the distribution system as close as possible to the first customer.
- Enter in Column D, the third of the three required ClO<sub>2</sub> residual in mg/L measured at intervals of at least six hours in the distribution system as close as possible to the first customer.

**If Booster Chlorination is used in the Distribution System:** Any entry point ClO<sub>2</sub> residual >0.8 mg/L requires distribution system samples be taken the next day at 3 different locations:

- As close to the first customer as possible (enter this in Column B);
- At a location that represents average distribution system residence time (enter this result in Column C);
- And at a location that represents maximum distribution system residence time (enter this result in Column D).

17. Form submission: The form must be submitted to USEPA Region 8 by the 10<sup>th</sup> day of the month following the end of each quarter

18. Circle any ClO<sub>2</sub> residual concentrations that exceed the MRDL of 0.8 mg/L.

Two consecutive daily samples exceeding 0.8 mg/L or failure to monitor a daily sample after exceeding 0.8 mg/L in a daily sample is a **non-acute** violation. A PWS exceeding the daily chlorine dioxide level of 0.8 mg/L must take a 3-sample set in the distribution system the following day. If any one of the three samples taken in the distribution system is greater than 0.8 mg/L, it is an **acute** violation