



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Daily Chlorine Dioxide Entry Point Monitoring Report

Facility Name: _____

Facility Number: _____

System/Treatment Plant: _____

Month/Year: _____

Daily Chlorine Dioxide

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

A. Total number of entry point chlorine dioxide measurements =

B. Total number of entry point 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
P.O. Box 19276
Springfield, Illinois 62794-9276

Phone: 217-785-0561
Fax: 217-782-0075

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 Entry Point Monitoring Report If MRDL is Exceeded

Facility Name: _____

Facility Number: _____

System/Treatment Plant: _____

Month/Year: _____

Date	Number of sites where chlorine dioxide was measured	Number 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					
Total					

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

Signature of ROINC: _____

Date: _____

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.