



Disinfectants/Disinfection Byproducts: Chlorite Sample Site Form

I. GENERAL INFORMATION:

A. PWS Information:

PWSID: OK _____ PWS Name: _____
 PWS Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Population Served: _____

B. Date Completed: _____

Contact Person

Name: _____ Title: _____
 Phone #: _____ Fax #: _____
 E-mail: _____

II. IDENTIFY SAMPLE SITES: Refer to 40 CFR 141.132 (b)(2)(i)(B)

Site Code	Sampling Location	Site Address
CLO2-MRT	Maximum Residence Time	
CLO2-MP	Average Residence Time	
CLO2-FC	First Customer	

III. ADDITIONAL INFORMATION:

A. What month/year will chlorine dioxide start being added at the plant? _____

B. Include **required** distribution map with all the sampling sites labeled.

IV. APPROVAL BY DBP COMPLIANCE COORDINATOR:

Signature: _____ Date: _____

V. SUBMITTAL TO DEQ:

Return completed form and map of system in one of the following ways:

Mail form and map to:	Fax form and map to:	Email form and map to:
DBP Coordinator DEQ WQD P.O. Box 1677 OKC, OK 73101-1677	405-702-8101 Attn: DBP Coordinator	DBPR@deq.ok.gov Subject Line: New Stage 2 Plan

For questions about this form: Call 405-702-8100 or Email dbpr@deq.ok.gov