



Colorado Department  
of Public Health  
and Environment

Colorado Department of Public Health and Environment  
Compliance Assurance & Data Management Unit

REPORTING FORM FOR CORROSIVITY ANALYSIS

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT

Are these results to be used to fulfill compliance monitoring requirements? YES  or NO   
Is this a check or confirmation sample?  YES  NO

PWSID #: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE COLLECTED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SYSTEM/ESTABLISHMENT NAME: \_\_\_\_\_

SYSTEM MAILING ADDRESS: \_\_\_\_\_

Street address/PO Box CITY STATE ZIP

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SAMPLE COLLECTED BY: \_\_\_\_\_ TIME COLLECTED: \_\_\_\_\_ am/pm

WATER TYPE: RAW (No chlorine or other treatment)  CHLORINATED  OTHER TREATMENT

**SAMPLE POINT:** \_\_\_\_\_ **LOCATION: Address** \_\_\_\_\_ **SOURCE(S) REPRESENTED:** \_\_\_\_\_

**CORROSIVITY SAMPLES CANNOT BE COMPOSITED**

*For Laboratory Use Only Below This Line*

LABORATORY SAMPLE # \_\_\_\_\_ CLIENT NAME or ID# \_\_\_\_\_

LABORATORY NAME \_\_\_\_\_ LAB PHONE # (\_\_\_\_) \_\_\_\_\_

DATE RECEIVED IN LABORATORY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE ANALYZED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

COMMENTS: \_\_\_\_\_

PARAMETER	RESULT in mg/L	MCL	STANDARD METHOD in mg/L	Lab MDL in mg/L
LANGLIER INDEX		***		
CALCIUM CARBONATE		N/A		
DISSOLVED SOLIDS		N/A		
pH		N/A		
TOTAL ALKALINITY		N/A		
TEMPERATURE		N/A		

NT = Not Tested for compound

mg/L = Milligrams per Liter

Lab MDL = Laboratory Method Detection Limit

N/A = Not applicable

MCL = Maximum Contaminant Level

H = Holding Time has been exceeded

\*\*\* IF LANGLIER INDEX IS A NEGATIVE NUMBER, WATER IS CORROSIVE.

IF LANGLIER INDEX IS ZERO, WATER IS BALANCED.

IF LANGLIER INDEX IS A POSITIVE NUMBER, WATER IS SCALE FORMING.

Reviewed & Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MAIL RESULTS TO: CDPHE, WQCD-CMDM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530

# INSTRUCTIONS AND EXAMPLES

**\*\* DO NOT SAMPLE THROUGH HOSES OR SCREENS \*\***

Please complete, fully, the upper portion of the "REPORTING FORM FOR ... ANALYSIS" and submit this with each set of the filled sample bottles. LABEL ALL BOTTLES correctly and completely and MAKE SURE they are described the same way on the PAPERWORK.

**PWSID#:** - If you do NOT know your Public Water System ID#, please call the Drinking Water Compliance Technician in the Compliance Assurance & Data Management Unit at (303) 692-3531.

**WATER TYPE:** - All samples should be taken at the entry point to the distribution system (EPTDS), this is **after** CHLORINATION and/or other treatment.

**SAMPLE POINT/LOCATION/SOURCE:** - indicate which source this sample is for:

**DO NOT take your sample in the DISTRIBUTION SYSTEM** - (i.e., your house, the Town Hall, etc. are NOT sampling points. If you sample at this type of sample point you will be required to sample at the compliance sample points.)

- A. You must sample at each entry point to the distribution system (EPTDS) separately.
- B. Remember, sampling points are always AFTER TREATMENT and at the EPTDS. Any exception must be approved in writing from the Inorganic Chemicals Rule Manager.
- C. It is important that you have a sampling tap at the EPTDS; if not then every effort should be made to have one installed as soon as possible.

**EXAMPLES of what to WRITE:**

<u>SAMPLING POINTS(S)</u>	<u>LOCATION (if applicable)</u>	<u>SOURCE(S)</u>
EPTDS-Well head after treatment	1515 J Street	Well #1
EPTDS-at Spring Box where North Spring and South Spring blend	Near CR 46	North spring & South spring
EPTDS-Blending Tank for all 3 wells after chlorination	North well Field	Wells #1, 2, 3
EPTDS-Ground (or Surface) Water Treatment Plant	7510 Jackson St.	Colorado River & well#14
EPTDS-Sampling Tap after filtration/chlorination & before distribution	Near CR 10	Inf. Gal. on Spring Creek
EPTDS-Pump house after treatment	1517 Fox Street	Golf Course well

**TYPES OF SOURCES:** Well, Spring, Infiltration Gallery, Cistern, Tank, Ground (or Surface) Water Treatment Plant (WTP), Blending Tank, Storage Tank, Hauled Water Tank, etc.

- A. Always give name, number or description that **you** have assigned to a source.
- B. Always give street address nearest to the source - **if applicable**
- C. If several sources go to a tank before entering the distribution system - the tank is the sampling point, but you must clearly indicate that you sampled at the tank. EXAMPLE: Tank #1 for wells #1, 2, 3

**If you have an unusual situation that we have not covered in these instructions, or you have other sampling questions please call (303) 692-3500 and ask to speak to the appropriate Drinking Water Rule Manager.**