ADEQ Arizona Department of Environmental Quality

DRINKING WATER ANALYSIS REPORTING FORM
SURFACE WATER/GROUNDWATER UNDER THE INFLUENCE OF SURFACE WATER TREATMENT
*** Monthly Report ***

***** PUBLIC WATER SYSTEM INFORMATION *****
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____]
PWS ID Number

_____
PWS Name

[_____]
Report Date

_____
Owner/Contact Person

_____
Owner/Contact Email Address

(_____)_____
Owner/Contact Phone Number

SAMPLE LOCATION
Treatment Plant Surface Water ID [TPSW_____]
TPSW Name [_____]

MONITORING PERIOD
MONTH [_____]
YEAR [_____]

***** COMBINED FILTER EFFLUENT TURBIDITY *****
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

Was the treatment plant in operation for the month being reported? ☐ YES ☐ NO

If the treatment plant was not in operation for the entire month, record the number of days the treatment plant was in operation during the month. [_____]

A. Total number of combined filtered water turbidity measurements taken [_____]

MAXIMUM TURBIDITY MEASUREMENT

B. Number of turbidity samples exceeding the specified limits for the filtration technology used [_____]
Conventional or Direct Filtration Limit – 1 NTU
Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 5 NTU
Alternative (cartridges, membranes, bags) Filtration Limit – 5 NTU

Record the date and value of turbidity measurements that exceed the specified limits for the filtration technology used

Date/Time of Occurrence	Turbidity Value (NTU)	Date/Time Reported to ADEQ

If none occurred, enter "NONE"

C. Highest single turbidity reading for the month [_____]

95% TURBIDITY MEASUREMENT

D. Total number of filtered water turbidity measurements that are > the specified limits for the filtration technology used: [_____]
Conventional or Direct Filtration Limit – 0.3 NTU
Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 1 NTU
Alternative (cartridges, membranes, bags) Filtration Limit – 1 NTU

E. The percentage of turbidity measurements that are > the specified limits:

$$\frac{\text{D}}{\text{A}} \times 100 = [\_\_\_\_\_]\ \%$$

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorized Signature [_____]

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***** INDIVIDUAL FILTER TURBIDITY *****
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

Note: If your system consists of two or fewer filters, you may conduct continuous monitoring of combined filter effluent in lieu of conducting continuous monitoring of individual filter effluent. Systems electing this option do not have to complete this page. Initial this line if you are electing this option [_____]

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[_____]
PWS ID Number

_____
PWS Name

[_____]
Report Date

_____
Owner/Contact Person

SAMPLE LOCATION
Treatment Plant Surface Water ID [TPSW_____]
TPSW Name [_____]

MONITORING PERIOD
MONTH [_____]
YEAR [_____]

1. Was each individual filter monitored continuously? ☐ YES ☐ NO
2. Were measurements recorded every 15 minutes? ☐ YES ☐ NO
3. Was there a failure in the continuous filter monitoring or 15 minute recording equipment that lasted 4 or more hours (i.e., 16 or more continuous filter turbidity readings/recordings missed due to equipment failure) during the month**? If yes, indicate the date(s), duration, and individual filter grab sampling frequency on a separate sheet.** ☐ YES ☐ NO

INDIVIDUAL FILTER EVENT

Did any individual filter exceed [_____]

4. 1 NTU in two consecutive measurements taken 15 minutes apart? **If yes, complete the table below and indicate required follow-up status (Filter Profile).** ☐ YES ☐ NO

5. 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? **If yes, complete the table below and indicate required follow-up status (Filter Profile).** ☐ YES ☐ NO

6. 1 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? **If yes, complete the table below and indicate required follow-up status (Individual Filter Self-Assessment).** ☐ YES ☐ NO

7. Yes No 2 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? **If yes, complete the table below and indicate required follow-up status (Comprehensive Performance Evaluation CPE).** ☐ YES ☐ NO

Filter Number	Individual Filter Event	Date/Time of Occurrence	Turbidity Value (NTU)	Follow-up Action Taken (Y/N)*

Attach additional table, if necessary * If filter profile was not completed for 4 or 5, attach explanation.

Was an event reported for any individual filter listed in the table above during the previous month? **If yes, identify which plant and filter(s)** [_____] ☐ YES ☐ NO

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Authorized Signature [_____]

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[_____]
PWS ID Number

_____
PWS Name

[_____]
Report Date

_____
Owner/Contact Person

SAMPLE LOCATION
Treatment Plant Surface Water ID [TPSW_____]
TPSW Name [_____]

MONITORING PERIOD MONTH [_____]
YEAR [_____]

***** MINIMUM RESIDUAL DISINFECTION CONCENTRATION (RDC) *****
>>>> Entry Point to the Distribution (EPDS) Sampling Only - TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

Was the treatment plant in operation for the month being reported? ☐ YES ☐ NO

A. Total number of measurements of minimum residual disinfection concentration samples taken [_____]

B. Record the number of occurrences of RDC less than 0.2 mg/l entering the distribution system during the month [_____]

C. Record the lowest measurement of RDC in mg/l entering the distribution system. **Put a "NO" if the plant was not operating for that day.**

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									

D. Record any occurances of RDC less than 0.2 mg/L entering the distribution system

Date/Time of Occurrence	Date/Time Reported to ADEQ	Hours until restored to 0.2 mg/L or above	Date follow-up report to ADEQ

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Authorized Signature [_____]

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PWS ID Number

_____
PWS Name

[_____]
Report Date

_____
Owner/Contact Person

MONITORING PERIOD MONTH [_____]
YEAR [_____]

***** MINIMUM RESIDUAL DISINFECTION CONCENTRATION (RDC) *****
>>>> Distribution System Sampling Only - TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

MINIMUM RESIDUAL DISINFECTION CONCENTRATION

RDC must be measured at the same points and times as the microbiological samples are collected. Calculate the "V" value for the month.

Number of instances where the RDC was measured A. [_____]

Number of instances where the RDC was measured but not detected B. [_____]

Calculate "V" value (the percentage of undetected residuals found)

$$\frac{\text{B}}{\text{A}} \times 100 = [\_\_\_\_\_]\ \%$$

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorized Signature [_____]

DWAR 15 A & B:
Revised 12/2017

Submit all four (4) pages to:
EMAIL: WQD_Compliance_Data@azdeq.gov **-or-** **MAIL**: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St., Phoenix, AZ 85007.
For questions call: (602) 771-9200