Arizona Department of Environmental Quality

Drinking Water Bromate Analysis Reporting Form

PWS using Ozone as disinfection or oxidation must sample at each EPDS using Ozone

PWS ID#: AZ04 _____ PWS Name: _____

_____ _____:_____ _____

Sample Date Sample Time (24 hr clock) Owner/Contact Person

_____ (_____)_____

Owner/Contact Email Owner/Contact Phone Number

Monitoring Period:

_____ _____ _____

Month/Quarter Year EPDS ID#

Was ozone used during this Monitoring Period? ☐ Yes ☐ No

Lab Specimen Number	Analysis Method	Contaminant Name	Contaminant Code	Analysis Run Date/Time	Analysis Result	MCL
		Bromate	**1011**			**0.010 mg/L**

Laboratory Information

Lab ID Number: AZ_____ Lab Name:_____

Printed Name and Phone Number of Lab Contact: _____

How many Bromate samples were collected over the last quarter? _____

How many Bromate samples were collected over the last 12 month period? _____

What is the Bromate results running Annual Average (the last 12 months)? _____

Does the Running annual Average exceed the MCL of 0.010 mg/L? ☐ Yes ☐ No

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

Authorized Name: _____Authorized Signature: _____

Comments: _____

DWAR-16B: Revised 10/2016

Return to: Arizona Department of Environmental Quality
1110 W. Washington St.
Phoenix, AZ 85007
-OR- WQD_Compliance_Data@azdeq.gov
For Questions Call: The Drinking Water Hotline at (602) 771-9200