



DRINKING WATER ANALYSIS REPORTING FORM
CHLORINE 0999/CHLORAMINE 1006
 *** PWS using Chlorine or Chloramine as disinfection must sample within the Distribution System ***

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

[_____] [_____] _____
Report Date **PWS ID Number** **PWS Name**

THIS REPORT IS FOR (CHECK ONE): **Qtr 1** **Qtr 2** **Qtr 3** **Qtr 4** **of Year** [_____]

A. NUMBER OF RDL SAMPLES COLLECTED DURING EACH OF THE PAST THREE MONTHS

* RDL must be measured at the same points and time as the RTCR samples are collected.

LAST MONTH	2 MONTHS AGO	3 MONTHS AGO
------------	--------------	--------------

B. MONTHLY AVERAGE OF ALL SAMPLES COLLECTED IN EACH MONTH FOR THE LAST 12 MONTHS

** During the first year of monitoring insert 'N/A' for months monitoring was not required.

4 MONTHS AGO	5 MONTHS AGO	6 MONTHS AGO	7 MONTHS AGO	8 MONTHS AGO	9 MONTHS AGO	10 MONTHS AGO	11 MONTHS AGO	12 MONTHS AGO

C. RUNNING ANNUAL AVERAGE OF MONTHLY AVERAGES FOR THE PREVIOUS 12 MONTHS

*** When calculating the annual average use monthly averages for *only* the last twelve months. If the system has not completed a full year of monitoring, the annual average is calculated by adding the individual monthly averages, and dividing by the number of months sampled.

D. DID THE ANNUAL AVERAGE IN C EXCEED THE MRDL OF 4.0 MG/L? **Yes** **No**

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

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

Comment [_____]

Contact Person [_____] **Authorized Signature** [_____]

Contact Email Address [_____] **Contact Phone Number** [_____]

All units must be reported in milligrams per liter (mg/L)

DWAR 18A: Revised 12/2017

Submit completed form 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