



**DRINKING WATER ANALYSIS REPORTING FORM
GROUND WATER RULE
Triggered Source Water Monitoring
*** Raw Well Water only – Only one well per form *****

***** PUBLIC WATER SYSTEM INFORMATION *****

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

[_____]
PWS ID Number

[_____] [____:____]
Sample Date **Sample Time (24HR CLOCK)**

_____ **PWS Name**

_____ **Owner/Contact Person**

(_____)
Owner/Contact Phone Number

_____ **Owner/Contact Email Address**

REQUIRED: Well Number 55 - [_____] Original Lab Specimen ID [_____]

TYPE OF SAMPLE – Check One

Dual Purpose Sample taken at the Well * (Only PWS serving ≤ 1,000 people or less and a single groundwater source. **MUST HAVE REGULATORY AGENCY APPROVAL.**)

GWR Triggered Source Sample(s)

GWR Additional Source Water Monitoring Samples (5 per well)

Replacement GWR Sample (if original was invalidated) for Lab Specimen ID at top - **MUST HAVE REGULATORY AGENCY APPROVAL**

DUAL PURPOSE * SAMPLE ONLY:
Sample being used as:

RTCR [_____] UP

RTCR [_____] DN

*A positive Fecal Indicator result is an
ACUTE VIOLATION requiring public notice.
**** CONTACT ADEQ IMMEDIATELY. *****

***** MICROBIOLOGICAL GWR FECAL INDICATORS ANALYSIS *****

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

Sample Collection		Specimen ID	Total Cl ₂ mg/L	3100 Total Coliform ¹ P / A / NA	Fecal Indicators ²			Analysis Start		Analysis Complete	
					<input type="checkbox"/> 3014 Method	<input type="checkbox"/> 3002 Result	<input type="checkbox"/> 3028	Date	Time	Date	Time

1 - Use only when method provides TC and E. coli results.
2 - See page 2 for Fecal Indicator Analyte Code and Method Citation. **Check one box.**

***** LABORATORY INFORMATION *****

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

[_____]
Specimen Number **Comment** [_____]

Lab ID Number [AZ _____] **Lab Name** [_____] **Phone Number** [_____]

Lab Contact, Printed Name [_____] **Authorized Signature** [_____]

PWS Notification Date [_____] **PWS Person Notified** [_____]

Any positive routine or increased routine RTCR sample triggers the GWR and requires ADEQ notification:
ADEQ Notification Date [_____] **ADEQ Person Notified** [_____]

PLEASE DO NOT SUBMIT
MULTIPLE TIMES

Submit completed form to:
EMAIL: WQD_Compliance_Data@azdeg.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