



**DRINKING WATER ANALYSIS REPORTING FORM
MICROBIOLOGICAL/REVISED TOTAL COLIFORM RULE**
*** Distribution System Only ***

***** 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**

Special Purpose Sample for state information only (NOT FOR COMPLIANCE)

REPEAT SAMPLES ONLY – Check One
* Use only if Routine Sample was Positive

Routine Positive Specimen ID [_____]

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Dual Purpose Sample taken at the Well *

Well 55- _____ Cl₂ _____ mg/L
* Must have Regulatory Agency approval (Not for MRDL Reporting)

LOCATION ID:

_____ (Ex. RTCR001)

SAMPLING SITE / TAP LOCATION:

_____ (Ex. 1234 Main St. Tap)

***** MICROBIOLOGICAL ANALYSIS *****

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

| Specimen ID | 3100 Total Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|-------------|------------------------|--------|-----------------|--------|----------------|------|-------------------|------|
| | Method | Result | Method | Result | Date | Time | Date | Time |
| | | | | | | | | |
| | | | | | | | | |

If reporting for Dual Purpose, you must use method that provides E. coli as a result, and specify if E. coli is detected.
In case of any E. coli detected, contact your Compliance Assistance Coordinator by end of the business day (5pm).

***** 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