



DRINKING WATER ANALYSIS REPORTING FORM
MICROBIOLOGICAL/REVISED TOTAL COLIFORM RULE
 Monthly summary reporting for systems with **6 or more** Routine samples
 *** Distribution System Only ***

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

[_____] PWS ID Number [_____] Report Date _____ Owner/Contact Email Address	_____ PWS Name _____ Owner/Contact Person (_____) _____ Owner/Contact Phone Number
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SUBMIT ONE SUMMARY FORM PER SYSTEM, PER MONITORING PERIOD.

Monitoring Period Month [_____] Year [_____]

***** MICROBIOLOGICAL (ANALYTE 3100) ANALYSIS *****
 >>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

Number of Routine Samples [_____] **Number of Routine Negatives** [_____]

PLEASE ATTACH LIST OF LOCATION ID AND ASSOCIATED SAMPLE DATES –
 Include: Location ID/Sample Site, Sample Date/Time, Specimen ID, Analysis Method, Analysis Start and Complete Date/Time, Analysis Result

Have any *Positive Routine Samples* or any *Repeat Samples* been filled out using **DWAR-1R** and sent in? (If applicable)

YES NO N/A

Have any *GWR Samples* been filled out using **DWAR-1GR** and sent in? (If applicable)

YES NO N/A

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

[_____]	Comment [_____]
Specimen Number	
Lab ID Number [AZ _____]	Lab Name [_____] Phone Number [_____]
Lab Contact, Printed Name [_____]	Authorized Signature [_____]
PWS Notification Date [_____]	PWS Person Notified [_____]

PLEASE DO NOT SUBMIT
 MULTIPLE TIMES

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