Arizona Department of Environmental Quality
Revised Total Coliform Rule Distribution System Monitoring
Monthly Summary Reporting of ***Routine samples*** for systems with **6 or more** Routine Samples

Report Date:[ ]

***Please submit one summary form per system, per monitoring period.

Monitoring Period: [ ] [ ]
(Month) **(Year)**

>>>> SYSTEM INFORMATION <<<<

PWS ID Number: AZ 04 -	PWS Name:
Owner / Contact Person:	Phone Number:

** *Please attach list of Location IDs along with associated sample dates.*
(To include Location ID/Sample Site, Sample Date/Time, Specimen ID, Analysis Method, Analysis Start and Complete Date/Time, Analysis Result)

>>>> ANALYTE 3100 <<<<

Number of Routine Samples [ ] Number of Routine Negatives [ ]

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 filled out by lab personnel)	
Lab Name:	Lab Certified ID Number:
Lab Contact, printed name:	Lab Phone Number:
Signature:	

For negative/absent samples submit results to the Department as soon as possible, no later than 10 days after the end of the applicable monitoring period
to:

Arizona Department of Environmental Quality
Water Quality Compliance Section 5415B1
1110 West Washington Street
Phoenix, Arizona 85007
OR
WQD_Compliance_Data@azdeq.gov
For Questions Call: (602) 771-9200 or toll free (800) 234-5677 ext. 771-9200
Please do not submit multiple times.