



DRINKING WATER ANALYSIS REPORTING FORM
STAGE 2 DISINFECTION BYPRODUCTS (TTHM&HAA5)
Quarterly Report
 *** Distribution System Only ***

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

[_____] PWS ID Number	_____ PWS Name
[_____] Report Date	_____ Owner/Contact Person
_____ Owner/Contact Email Address	(_____) Owner/Contact Phone Number

THIS REPORT COVERS YEAR AND CALENDAR QUARTER

YEAR [_____] 1ST QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER

Were any Operational Evaluation Levels (OELs) for TTHM exceeded during quarter? YES NO
 If YES, list the calculated OEL per location (site ID) for TTHM. (Attach Additional Sheet if Needed)

Stage 2 Compliance Monitoring Site ID	Site ID	Result	Current Quarter Sample Date	OEL Calculated Result (mg/L)
		TTHM		
		TTHM		
		TTHM		

Were any Operational Evaluation Levels (OELs) for HAA5 exceeded during quarter? YES NO
 If YES, list the calculated OEL per location (site ID) for HAA5. (Attach Additional Sheet if Needed)

Stage 2 Compliance Monitoring Site ID	Site ID	Result	Current Quarter Sample Date	OEL Calculated Result (mg/L)
		HAA5		
		HAA5		
		HAA5		

SEC. 141.626 OPERATIONAL EVALUATION LEVELS

(a) You have exceeded the operational evaluation level at any monitoring location where the sum of the two previous quarters' TTHM results plus twice the current quarter's TTHM result, divided by 4 to determine an average, exceeds 0.080 mg/L, or where the sum of the two previous quarters' HAA5 results plus twice the current quarter's HAA5 result, divided by 4 to determine an average, exceeds 0.060 mg/L.

$$\text{OEL} = \frac{\text{Current Quarter} \times 2 + \text{Sum of two previous Quarters}}{4}$$

Authorized Signature [_____]



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Report the Quarterly Results and Locational Running Annual Average (LRAA) for each Site ID.

TTHM MCL: 0.080 mg/L
 HAA5 MCL: 0.060 mg/L
 Period = 1 Quarter (90 days)

Stage 2 Compliance Monitoring Site ID	Site ID	Result (mg/L)	Current Period	One Period Ago	Two Periods Ago	Three Periods Ago	LRAA (mg/L)	Exceeds MCL
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>

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

DWAR 33: 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



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		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
		HAA5						<input type="checkbox"/>
		Sample Date						
		TTHM						<input type="checkbox"/>
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