

DWAR 18A Instructions

This MRDL Reporting form is required for all public water systems using chlorine or chloramine for disinfection.



DRINKING WATER ANALYSIS REPORTING FORM CHLORINE 0999/CHLORAMINE 1006

*** PWS using Chlorine or Chloramine as disinfection must be measured at the same points and time as total coliform (RTCR routine/repeats) samples are collected ***

STEP 1 - Add basic water system information.

*** PUBLIC WATER SYSTEM INFORMATION ***

Report Date

PWS ID Number

PWS Name

THIS REPORT IS FOR (CHECK ONE): Qtr 1 ☐ Qtr 2 ☐ Qtr 3 ☐ Qtr 4 ☐ of Year

STEP 2 - Report the number of samples collected during 1st Quarter.

1 ST QUARTER			2 ND QUARTER		
Month	Number of Samples Taken*		Month	Number of Samples Taken*	Monthly Avg. Disinfectant Level*
April			October		
May			November		
June			December		
July			January		
August			February		
September			March		
			April		
			May		
			June		

Running Annual (12 month) Average (RAA): 0
Did RAA exceed MRDL (4.0 mg/L)? ☐ Yes ☐ No

STEP 3 - Add results, including results for current monitoring period and results for the previous 3 quarters.

STEP 7 - Repeat steps 2-6 for future quarters. Data that was entered under previous quarters will be automatically populated.

3 RD QUARTER			4 TH QUARTER		
Month	Number of Samples Taken*		Month	Number of Samples Taken*	Monthly Avg. Disinfectant Level*
October			January		
November			February		
December			March		
January			April		
February			May		
March			June		
April			July		
May			August		
June			September		
July			October		
August			November		
September			December		

Running Annual (12 month) Average (RAA): 0
Did RAA exceed MRDL (4.0 mg/L)? ☐ Yes ☐ No

STEP 4 - Determine if you have exceeded MRDL RAA based on automatic calculation. Contact ADEQ if you have exceeded.

STEP 5 - Authorize the accuracy of information in the report.

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Contact Person (Print) Authorized Signature

Contact Email Address Contact Phone Number

Comment

STEP 6 - Submit report to ADEQ no later than 10 days after each quarter.

Submit completed form to:
EMAIL: WQD_Compliance_Data@azdeq.gov -or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),
For questions, go to: azdeq.gov/DWComplianceAssistance 1110 W. Washington St., Phoenix, AZ 85007.

Questions?

To find your Drinking Water Coordinator, visit static.azdeq.gov/comp/dw/coordinator_contact_list.pdf