



DRINKING WATER ANALYSIS REPORTING FORM  
**SURFACE WATER/GROUNDWATER UNDER THE  
INFLUENCE OF SURFACE WATER TREATMENT**

\*\*\* Monthly Report to be filled out by system personnel \*\*\*

\*\*\* PUBLIC WATER SYSTEM INFORMATION \*\*\*

[ ]  
**PWS ID Number**

[ ]  
**PWS Name**

[ ]  
**Report Date**

[ ]  
**Owner/Contact Person**

[ ]  
**Owner/Contact Email Address**

( ) [ ]  
**Owner/Contact Phone Number**

**SAMPLE LOCATION**

Treatment Plant ID [TPSW ]

**MONITORING PERIOD:** MONTH [ ] YEAR [ ]

\*\*\* COMBINED FILTER EFFLUENT TURBIDITY \*\*\*

Was the treatment plant in operation for the month being reported?  YES  NO

If the treatment plant was not in operation for the entire month, record the total number of days or hours the treatment plant was in operation during the month. DAYS [ ] HOURS [ ]

**A.** Total number of minimum residual disinfection concentration samples taken or indicate "Continuous" if samples were collected hourly, or more frequently [ ] or  Continuous

**MAXIMUM TURBIDITY MEASUREMENT**

**B.** Number of turbidity samples exceeding the specified limits for the filtration technology used [ ]

Conventional or Direct Filtration Limit – 1 NTU  
Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 5 NTU  
Alternative (cartridges, membranes, bags) Filtration Limit – 5 NTU

Record the date and value of turbidity measurements that exceed the specified limits for the filtration technology used

Date/Time of Occurrence	Turbidity Value (NTU)	Date/Time Reported to Regulatory Agency

If none occurred, enter "NONE"

**C.** Highest single turbidity reading for the month [ ]

**95% TURBIDITY MEASUREMENT**

**D.** Total number of filtered water turbidity measurements that are > the specified limits for the filtration technology used: [ ]

Conventional or Direct Filtration Limit – 0.3 NTU  
Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 1 NTU  
Alternative (cartridges, membranes, bags) Filtration Limit – 1 NTU

**E.** The percentage of turbidity measurements that are > the specified limits:

[ ] / [ ] X 100 = [ ] %

D A

Comments [ ]



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Treatment Plant ID [TPSW\_\_\_\_\_]

**MONITORING PERIOD:** MONTH [ ] YEAR [ ]

**\*\*\* INDIVIDUAL FILTER TURBIDITY \*\*\***

Note: If your system uses direct or conventional filtration and consists of two or fewer filters, you may conduct continuous monitoring of combined filter effluent in lieu of individual filter effluent turbidity monitoring. Systems using this option must complete this page. Systems not using direct or conventional filtration do not have to complete this page.

- 1. Was each individual filter monitored continuously?  YES  NO
- 2. Were measurements recorded every 15 minutes?  YES  NO
- 3. Was there a failure in the continuous filter monitoring or 15 minute recording equipment that lasted 4 or more hours (i.e., 16 or more continuous filter turbidity readings/recordings missed due to equipment failure) during the month? **If yes, indicate the date(s), duration, and individual filter grab sampling frequency on a separate sheet.**  YES  NO

**INDIVIDUAL FILTER EVENT**

- Did any individual filter exceed** [ ]
- 4. 1 NTU in two consecutive measurements taken 15 minutes apart? **If yes, complete the table below and indicate required follow-up status (Filter Profile).**  YES  NO
  - 5. 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? **If yes, complete the table below and indicate required follow-up status (Filter Profile).**  YES  NO
  - 6. 1 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? **If yes, complete the table below and indicate required follow-up status (Individual Filter Self-Assessment).**  YES  NO
  - 7. Yes No 2 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? **If yes, complete the table below and indicate required follow-up status (Comprehensive Performance Evaluation CPE).**  YES  NO

Filter Number	Individual Filter Event	Date/Time of Occurrence	Turbidity Value (NTU)	Follow-up Action Taken (Y/N)*

Attach additional table, if necessary. If filter profile was not completed for 4 or 5, attach explanation.

Was an event reported for any individual filter listed in the table above during the previous month? **If yes, identify which filter(s)** [ ]  YES  NO



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[ \_\_\_\_\_ ]  
PWS ID Number

[ \_\_\_\_\_ ]  
PWS Name

**SAMPLE LOCATION**

Treatment Plant ID [TPSW \_\_\_\_\_]

**MONITORING PERIOD:** MONTH [ \_\_\_\_\_ ] YEAR [ \_\_\_\_\_ ]

**\*\*\* ENTRY POINT TO THE DISTRIBUTUION SYSTEM (EPDS) MINIMUM RESIDUAL DISINFECTION  
CONCENTRATION (RDC) \*\*\***

Was the treatment plant in operation for the month being reported?  YES  NO

If the treatment plant was not in operation for the entire month, record the total number of days or hours the treatment plant was in operation during the month. DAYS [ \_\_\_\_\_ ] HOURS [ \_\_\_\_\_ ]

**A.** Total number of minimum residual disinfection concentration samples taken or indicate "Continuous" if samples were collected hourly, or more frequently [ \_\_\_\_\_ ] or  Continuous

**B.** Record the number of occurrences of RDC less than 0.2 mg/l entering the distribution system during the month [ \_\_\_\_\_ ]

**C.** Record the lowest measurement of RDC in mg/l entering the distribution system. **Put a "NO" if treated surface water was not served for that day.**

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31									

**D.** Record any occurrences of RDC less than 0.2 mg/L entering the distribution system.

Date/Time of Occurrence	Date/Time Reported to Regulatory Agency	Hours until restored to 0.2 mg/L or above	Date follow-up report to Regulatory Agency



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MONITORING PERIOD: MONTH [ ] YEAR [ ]

\*\*\* DISTRIBUTION SYSTEM MINIMUM RESIDUAL DISINFECTION CONCENTRATION (RDC) \*\*\*

Number of instances where the RDC was measured A. [ ]

Number of instances where the RDC was measured but not detected B. [ ]

Calculate the percentage of undetected residuals found

$$\frac{\text{B}}{\text{A}} \times 100 = [ ] \%$$

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

Authorized Signature [ ]

DWAR 15 A & B:  
Revised 4/2020

Submit all four (4) pages to:  
EMAIL: [WQD\\_Compliance\\_Data@azdeq.gov](mailto:WQD_Compliance_Data@azdeq.gov) -or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),  
For questions, go to: [azdeq.gov/DWComplianceAssistance](http://azdeq.gov/DWComplianceAssistance) 1110 W. Washington St., Phoenix, AZ 85007.