



DRINKING WATER ANALYSIS REPORTING FORM
SURFACE WATER/GROUNDWATER UNDER THE
INFLUENCE OF SURFACE WATER CONSECUTIVE
SYSTEMS

*** Monthly Report to be filled out by system personnel of systems supplied treated surface water ***

*** PUBLIC WATER SYSTEM INFORMATION ***

[]

PWS ID Number

[]

PWS Name

[]

Report Date

[]

Owner/Contact Person

[]

Owner/Contact Email Address

() []

Owner/Contact Phone Number

MONITORING PERIOD: MONTH [] YEAR []

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

RDC cannot be undetected in more than 5% of the total monthly samples for two consecutive months

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 C:
Revised 4/2022

Submit form to:
EMAIL: WQD_Compliance_Data@azdeq.gov
For questions, go to: azdeq.gov/DWComplianceAssistance