

## DRINKING WATER ANALYSIS REPORTING FORM **BROMATE**

\*\*\* PWS using Ozone as disinfection or oxidation must sample at each Entry Point to the Distribution System (EPDS) using Ozone \*\*\*

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

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

PWS ID				PWS Na	PWS Name				
Sample	Date	]	Sample Time (24HR CLOC	Owner/C	Contact Pers	on			
				()	)				
Owner/0	Contact E	mail Addre	!SS	Owner/C	ontact Phor	ne Number			
SAMPL	E TYPE			MONITO	MONITORING PERIOD				
☐ Compliance Monitoring					MONTH/QUARTER [] YEAR []				
SAMPL	E COLLE	CTION POI	NT		-			_	
☐ Entry	Point to t	he Distribut	ion System [EPDS	]	Was Ozo	ne used durin	a this Monito	ring Period?	
SAMPLI	E SITE ID	ſ		1	Was Ozone used during this Monitoring Period?  ☐ Yes - or - ☐ No				
			*** BRC >>> TO BE COMPLETE	MATE ANALY D BY LABORATO		INEL <<<			
Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Analysis Run Time	Result	Exceeds MCL	
	0.010		Bromate	1011				П	
łow mar	ny Broma	te Samples	s were collected over	the last quarte	er? [				
How mar	ny Broma	te Samples	s were collected over	the last 12 mo	onth period?	[			
What is t	he Brom	ate results	running annual avera	ige (the last 12	2 months)?	<u> </u>			
Does the	running								
	-	annual ave	erage exceed the MCI	_ of 0.010 mg/l	_? <u> </u>	] Yes	- or -		
			•	ATORY INFORI D BY LABORATO	<b>MATION</b> *** ORY PERSON	Yes	- or -	□N	
		]	*** <b>LABOR</b> A >>> TO BE COMPLETE	ATORY INFORI D BY LABORATO Comment [_	<b>MATION</b> *** ORY PERSON	] Yes INEL <<<	- or -	<u></u> N	
		]	*** <b>LABOR</b> A >>> TO BE COMPLETE	ATORY INFORI D BY LABORATO Comment [_	MATION *** ORY PERSON	Yes  INEL <<<  Phone Num	- or -	□ N	
b ID Nur	n <b>ber</b> [AZ	]	*** LABORA >>> TO BE COMPLETE  Lab Name []	ATORY INFORI D BY LABORATO Comment [_ Authorized	MATION *** ORY PERSON  d Signature	NEL <<<	- or -	□ N	
b ID Nur b Conta	nber [AZ ct, Printe	]	*** LABORA >>> TO BE COMPLETE  Lab Name []	ATORY INFORI D BY LABORATO Comment [_	MATION *** ORY PERSON  d Signature	NEL <<<	- or -	□ N	
b Contact VS Notifi units must	nber [AZ ct, Printe	d Name [ate [	*** LABORA >>> TO BE COMPLETE  Lab Name []	Comment [_ Authorized	MATION *** ORY PERSON  d Signature of the control o	NEL <<<	- or -		