



DRINKING WATER ANALYSIS REPORTING FORM
CHLORINE 0999/CHLORAMINE 1006
 *** PWS using Chlorine or Chloramine as disinfection must
 sample within the Distribution System ***

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

[_____] [_____] _____
Report Date **PWS ID Number** **PWS Name**

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

Month	Number of Samples Taken*	Monthly Average Disinfectant Level

*Enter NA for month(s) monitoring was not collected

DID ANY OF THE MONTHLY AVERAGE EXCEED 4.0 mg/L IN THE PREVIOUS 12 MONTHS?
 Yes No

This is an amended submittal

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

Comment [_____]
Contact Person [_____] **Authorized Signature** [_____]
Contact Email Address [_____] **Contact Phone Number** [_____]

All units must be reported in
 milligrams per liter (mg/L)
 DWAR 18A: Revised 5/2022

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