

## **Initial Start-Up Monitoring Form**

For Ground Water Systems with Treatment Plants and/or Blending Plans

## Please mail completed form and all Field & Lab analyses to:

ADEQ Drinking Water Monitoring and Protection Unit 1110 W. Washington St., Mail Code 5415B-2,

PWS ID Number (5 digits): AZ04 – PWS Name:											
Contact	Person/Titl	e:			Phone #		E-Mail Addr				
Choose One: Treatment Plant Only					Treatment Plant & Blending Plan			☐ Blending Plan Only			
Entry Point to the Distribution System (EPDS) #:					Contaminant:	Arsenic	Fluoride	☐ Nitrate	Other:		
Samples	MM/DD/YY	Sample Time (24h)	Raw Wa	ter Result (mg/L)	(Insert well registration numbers		rs below)	Treated	Finished		
			Well # 55-	Well # 55-	Well # 55-	Well # 55-	Well # 55-	Water Result (mg/L)	Blended Water Results (mg/L)	Test Method	
Day 1										☐Field ☐Lab	
Day 2										☐Field ☐Lab	
Day 3										☐Field ☐Lab	
Day 4										☐Field ☐Lab	
Day 5										☐Field ☐Lab	
Week 2										□Lab	
Week 3										□Lab	
Week 4										□Lab	
Month 2										□Lab	
Month 3										□Lab	
If Water System chooses to take Field Tested Water Samples, any of the following Field Test Kits are acceptable: ITS Arsenic Quick II Test Kit, Pat No. 481303, ITS Fluoride eXact Xtra Micro Strips, Part No. 486611 or Hach Nitrate Color Disc Test Kit Model NI-14. All Water Samples from week 2 thru Month 3 must be submitted to a Certified Laboratory for analysis. Hard copies of Certified Lab Results must be provided with this form.  I hereby certify that the information listed above is accurate to the best of my knowledge. Furthermore, unless otherwise directed by the State, I understand that quarterly compliance monitoring shall commence for the above noted contaminant after initial monitoring has been completed. This quarterly routine compliance monitoring frequency shall remain in effect for the life of the treatment plant.											
Water System Owner/Representative (Print)					Signature				Date		
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DWAR 19 May 2014