DRINKING WATER ANALYSIS REPORTING FORM
MICROBIOLOGICAL/REVISED TOTAL COLIFORM RULE
*** Distribution System Only ***

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

[_______________]
PWS ID Number

[_______________] [_____:_____] [_______________]
PWS Name

Sample Date Sample Time (24HR CLOCK) Owner/Contact Person

Owner/Contact Email Address Owner/Contact Phone Number

SAMPLE TYPE (CHECK ONE)
☐ Monthly Monitoring
☐ Quarterly Monitoring (Must have Regulatory Agency approval)
☐ Increased Routine Monitoring – Lab Specimen ID of Quarterly Routine Positive: _________________________
☐ Special Purpose Sample for State Information Only (NOT FOR COMPLIANCE)

REPEAT SAMPLES ONLY – Check One
* Use only if Routine Sample was Positive
Routine Positive Specimen ID [_____________________
☐ Original Location (Distribution System)
☐ Upstream Location (Distribution System)
☐ Downstream Location (Distribution System)
☐ Dual Purpose Sample taken at the Well *
Well 55- ___________ Cl₂ _________ mg/L

* Must have Regulatory Agency approval (Not for MRDL Reporting)

LOCATION ID:
(Ex. RTCR001)

SAMPLING SITE / TAP LOCATION:
(Ex. 1234 Main St. Tap)

*** MICROBIOLOGICAL ANALYSIS ***
>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

<table>
<thead>
<tr>
<th>Specimen ID</th>
<th>3100 Total Coliform</th>
<th>3014 E. coli</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
<td>Result</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

If reporting for Dual Purpose, you must use method that provides E. coli as a result, and specify if E. coli is detected. **In case of any E. coli detected, contact your Compliance Assistance Coordinator by end of the business day (5pm).**

*** LABORATORY INFORMATION ***
>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

Comment [____________________]

Lab ID Number [AZ________] Lab Name [____________________] Phone Number [____________________]

Lab Contact, Printed Name [____________________] Authorized Signature [____________________]

PWS Notification Date [_____________] PWS Person Notified [____________________]

Any positive routine or increased routine RTCR sample triggers the GWR and requires ADEQ notification:
ADEQ Notification Date [_____________] ADEQ Person Notified [____________________]

PLEASE DO NOT SUBMIT MULTIPLE TIMES

DWAR 1R: Revised 02/2022

Submit completed form to: EMAIL: WQD_Compliance_Data@azdeq.gov or Upload to ADEQ through CMDP
For RTCR Questions: RTCR@azdeq.gov For Other Questions, go to azdeq.gov/DWComplianceAssistance