ADEQ
Arizona Department of Environmental Quality

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-_____ Cl_2 _____ 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 <<<

Specimen ID	3100 Total Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time

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**