



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

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 <<<

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 <<<

[_____]
Specimen Number

_____ **Comment**

[AZ _____] **Lab ID Number**

[_____] **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 03/2021

Submit completed form to:
MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1) -or- **EMAIL:** WQD_Compliance_Data@azdeq.gov
 1110 W. Washington St., Phoenix, AZ 85007 **For Questions, go to** azdeq.gov/DWComplianceAssistance