



DRINKING WATER ANALYSIS REPORTING FORM
MICROBIOLOGICAL/REVISED TOTAL COLIFORM RULE
 Monthly summary reporting for systems with **6 or more** Routine samples
 *** Distribution System Only ***

***** PUBLIC WATER SYSTEM INFORMATION *****

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____]
PWS ID Number

_____ **PWS Name**

[_____]
Report Date

_____ **Owner/Contact Person**

_____ **Owner/Contact Email Address**

(_____)
 _____ **Owner/Contact Phone Number**

SUBMIT ONE SUMMARY FORM PER SYSTEM, PER MONITORING PERIOD.

Monitoring Period Month [_____] Year [_____]

***** MICROBIOLOGICAL (ANALYTE 3100) ANALYSIS *****

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

Number of Routine Samples [_____] **Number of Routine Negatives** [_____]

PLEASE ATTACH LIST OF LOCATION ID AND ASSOCIATED SAMPLE DATES –
 Include: Location ID/Sample Site, Sample Date/Time, Specimen ID, Analysis Method, Analysis Start and Complete Date/Time, Analysis Result

Have any *Positive Routine Samples* or any *Repeat Samples* been filled out using **DWAR-1R** and sent in? (If applicable)

YES NO N/A

Have any *GWR Samples* been filled out using **DWAR-1GR** and sent in? (If applicable)

YES NO N/A

***** 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**

**PLEASE DO NOT SUBMIT
 MULTIPLE TIMES**

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**