*** 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 [ ]

Lab ID Number [AZ ]

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

DWAR 1S: Revised 07/2019