



DRINKING WATER ANALYSIS REPORTING FORM
DISINFECTION LOG REMOVAL
 ** For Split UV/Chemical Systems – Monthly Report for Surface Water Treatment **

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

[]
PWS ID Number
 []
Report Date

PWS Name

Owner/Contact Email Address

Owner/Contact Person

() _____
Owner/Contact Phone Number

SAMPLE COLLECTION POINT

Treatment Plant Number []

Plant Log Removal Requirements:

Giardia: 3
 Virus: 4
 Cryptosporidium: 3

REPORTING

Month [] **Year** []

Was the Plant in operation this month? YES NO

***** DISINFECTION LOG REMOVAL *****

Calculate total monthly off-compliance water treated by recording the date/time, log removal credit, flow rate, and volume of water treated during previous 4-hour time period for log removal credit calculation results less than or equal to log removal requirements listed above. Procedures for calculating log removal requirements are described in the "Split UV and Chemical Disinfection System Monitoring, Recordkeeping and Reporting Requirements." If none occurred, enter "none." Add additional sheets if necessary.

Date/Time of Occurrence	Log Removal Credit	Flow Rate (MGD)	4-Hour Volume Treated (MG) Flow Rate ÷ 6
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
Total Monthly Off-Compliance Volume Treated			

A. Total monthly volume treated (MG): _____

B. The ratio of treated water meeting the specified limits: $\frac{(\quad - \quad)}{(\quad)} = [\quad]$

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge:

Authorizer, Printed Name [] **Signature** []

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