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DRINKING WATER ANALYSIS REPORTING FORM **STAGE 2 DISINFECTION BYPRODUCTS (TTHM&HAA5)**

Individual Sample Report *** Distribution System Only ***

*** PUBLIC WATER SYSTEM INFORMATION ***

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

[] PWS ID Number				
[] Sample Time (24HR CLOCK)	Owner/Contact Person			
Owner/Contact Email Address				
ing				
SITE ID (TTHM / HAA5):				
iance Monitoring Plan Ex. 01. (A)	(Taken from Sta			
	ddress			

iance Monitoring Site ID:

ken from Stage 2 Compliance Monitoring Plan Ex. 1234 Main St. Tap)

*** DISINFECTION BYPRODUCTS ANALYSIS ***

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

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL
		< 0.0010	Chloroform	2941			
		< 0.0010	Bromoform	2942			_
		< 0.0010	Bromodichloromethane	2943			_
		< 0.0010	Dibromochloromethane	2944			_
	0.080		ттнм	2950			
		< 0.0020	Monochloracetic Acid	2450			_
		< 0.0010	Dichloroacetic Acid	2451			_
		< 0.0010	Trichloroacetic Acid	2452			_
		< 0.0010	Monobromoacetic Acid	2453			_
		< 0.0010	Dibromoacetic Acid	2454			
	0.060		HAA5	2456			

*** 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 []				
All units must be reported in milligrams per liter (mg/L)	Submit completed form to: EMAIL: WQD_Compliance_Data@azdeg.gov -or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),				
DWAR 32: Revised 12/2017	For questions, go to: azdeq.gov/DWComplianceAssistance 1110 W. Washington St., Phoenix, AZ 85007.				