Arizona Department of Environmental Quality

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| Yes | No |

Revised Total Coliform Rule Distribution System Monitoring Drinking Water Microbiological Analysis Report PWS ID No. AZ 04 -PWS Name: Sample Date: Owner/Contact: Sample Time: (24hr Clock) Phone Number: Fax Number/Email: ☐ Special Purpose Sample for state information only (NOT FOR COMPLIANCE) Repeat Samples Only - Check One **Use if Initial Sample was Positive** Location ID: Lab Specimen ID # of Initial Sample ☐ Original Location (Distribution System) RTCR ☐ Upstream Location (Distribution System) Ex. RTCR001 ☐ Downstream Location (Distribution System) Sampling Site/Tap Location: ☐ Dual Purpose Sample Taken at Well (raw water). Must have regulatory agency approval Well 55-_ Cl2 _ (not for MRDL) Ex. 1234 Main St. tap Microbiological Analysis (To be filled out by lab personnel) 3100 3014 Analysis Analysis Total Coliform E. coli Completed Lab Specimen ID Start Method Result Method Result Date / Time Date / Time SM9223B SM9223B If reporting for Ground Water Rule, Dual Purpose (raw water sample), must use method that provides E. coli as a result, and specify if E. coli is detected. In the case of any E. coli detect, contact your RTCR ADEQ contact by the end of the business day (5pm). Laboratory Information (To be filled out by lab personnel) Lab Name: Aquatic Consulting & Testing, Inc. Lab Certified ID Number: AZ0003 Lab Contact: Chris Christian Lab Phone Number: 480-921-8044 Signature: Date PWS Notified: PWS Person Notified: Any positive routine or increased routine RTCR sample triggers the GWR and requires ADEQ notification. Date ADEQ Notified: ADEQ Person Notified: Comments: Sample Rec'd Date/Time/Temp Please mail completed form to: Arizona Department of Environmental Quality Water Quality Data Unit, 5415B-1

1110 W. Washington Street

Phoenix, AZ 85007

System Mailing Name & Address

Questions regarding the total Coliform Rule:

Call (602) 771-9200 or (800) 234-5677, ext. 771-9200

DWAR - 1R, Total Coliform Rule, revised 3-31-16