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Arizona Department of Environmental Quality Revised Total Coliform Rule Distribution System Monitoring

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ 04 - 09300					PWS Name: Timberline Mobile Home Park					
Sample Date: 5/1/24					Owner / Contact Person: Joel Johnston/The Water Guy					
Sample Time (24-hr. clock): 7:31 4 m				Pho	Phone Number: 928-240-3349					
Special Purpose Sar			tion only							
Special Purpose Sample for state information only (I					Location ID:					
Use if Initial Sample was Positive										
					RTCR001					
Lab Specimen ID # of Initial Sample ☐ Original Location (Distribution System)										
Upstream Location (Distribution System)					Sampling Site/ Tap Location:					
□ Downstream Location (Distribution System) □ Dual Purpose Sample Taken at Well					Main Office Outdoor Spigot					
(raw water) Must have regulatory agency										
approval				L.,	Report to ADEQ 5/1/24					
Well 55mg/L(Not for MRDL reporting)					☐ Do not report to ADEQ/EPA☐ Report to EPA					
					Ц	Initial	O EPA	111		
Microbiological Analysis	(To be filled o	ut hy lah	noreonn	ol)			7/1-	les /	- WE	
Microbiological Analysis (To be filled out by lab personnel					T			Sample is Signature		
Lab Specimen ID	Total Coliform E. co				Analysis Start		Analysis Complete			
CHAIL LOSS	Method Result Method			Result	Γ	Daye, Time		Date, Time		
CH 74 - 656	9223B	4	$\geq <$	\geq	5	71/24	1000	5 Eley	1000	
If reporting for C. I.W.		\times	9223B					P		
If reporting for Ground Water specify is E. Coli if detected	r Kule, Dual Pur I.	pose (raw	water sar	nple), mu	st us	e method tl	nat provides	E. coli as a res	sult, and	
In the case of any E. coli		ct your l	RTCR AL	DEQ con	act	hy the one	of the bus			
Laboratory Information (To be filled out	hy lah n	ersonnel)		uor i	by the end	or the busi	ness day (5)	om)	
Laboratory Information (To be filled out by lab personnel) Lab Name: Mohave Environmental Laboratory					Lab Certified ID Number: AZ0037					
Lab Contact, printed name: Scott Baker										
Signature: Lab Phone Number: 928-524-4635										
Date PWS Notified:				Р	PWS Person Notified:					
Any positive routine or in	creased routi	ne RTCF	R sample	triagers	the	GWR and	requires Al	DEO notifica	4:	
Date ADEQ Notified:				1	ADEQ Person Notified:					
Comments:	1:		11000				11.	2022		
Courier Do	elivered:	\otimes		Dat	e/Ti	me Recd.	5/1/24	0955		
Temp Rec	d. @ 3.9 °(San	iples	Recd. by	St	3		
Please mail completed fo	rm to:			Re	vise	d Total Co	oliform Rula	Questions		
Arizona Department of Environmental Quality Water Quality Data Unit, 5415B-1					Revised Total Coliform Rule Questions: Call (800) 234-5677, ext. 771-9200					
1110 West Washington Street				wit	within AZ (602) 771-9200					
Phoenix, AZ 85007					http://www.azdeq.gov/environ/water/dw/rtcr.html					
OR Email to: WQD_Compliance_Data@azdeq.gov					Please do not submit multiple times.					