

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
GROUNDWATER TREATMENT PLANT INITIAL MONITORING REPORTING FORM**

Public Water System Name: _____

PWS Identification Number (AZ04-XX-XXX): _____

Name of Contact Person / Title: _____

Telephone / Email: _____

Entry Point to the Distribution System (EPDS) #: _____

Contaminant: Arsenic Fluoride Nitrate Other _____

Sample	Date	Time (24h)	Raw Water Result (mg/L)	Test Method	Name of Field Test Kit or Lab Used	Treated Water Result (mg/L)	Name of Lab Used
DAY 1				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
DAY 2				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
DAY 3				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
DAY 4				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
DAY 5				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
WEEK 2				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
WEEK 3				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
WEEK 4				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
MONTH 2				<input type="checkbox"/> Field <input type="checkbox"/> Lab			
MONTH 3				<input type="checkbox"/> Field <input type="checkbox"/> Lab			

All treated water samples must be submitted to a certified laboratory for analysis.

I hereby certify that the information listed above is accurate to the best of my knowledge. Furthermore, unless otherwise directed by the State, I understand that quarterly compliance monitoring shall commence for the above noted contaminant after initial monitoring has been completed. This quarterly routine compliance monitoring frequency shall remain in effect for the life of the treatment plant.

Water System Owner/Representative (Print) Signature Date

Please mail completed form to: ADEQ Drinking Water Section, Drinking Water Monitoring & Protection Unit, 1110 W. Washington St., Mail Code 5415B-2, Phoenix, AZ 85007 or send via fax to (602) 771-4634.