



Initial Start-Up Monitoring Form

For Ground Water Systems with Treatment Plants and/or Blending Plans

Please mail completed form and all Field & Lab analyses to:

ADEQ Drinking Water Monitoring and Protection Unit
1110 W. Washington St., Mail Code 5415B-2,

PWS ID Number (5 digits):	AZ04 –	PWS Name:			
Contact Person/Title:		Phone #		E-Mail Address:	
Choose One:	<input type="checkbox"/> Treatment Plant Only		<input type="checkbox"/> Treatment Plant & Blending Plan		<input type="checkbox"/> Blending Plan Only
Entry Point to the Distribution System (EPDS) #:		Contaminant:	<input type="checkbox"/> Arsenic <input type="checkbox"/> Fluoride <input type="checkbox"/> Nitrate <input type="checkbox"/> Other:		

Samples	MM/DD/YY	Sample Time (24h)	Raw Water Result (mg/L) (Insert well registration numbers below)					Treated Water Result (mg/L)	Finished Blended Water Results (mg/L)	Test Method
			Well # 55-	Well # 55-	Well # 55-	Well # 55-	Well # 55-			
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"/> Lab	
Week 3									<input type="checkbox"/> Lab	
Week 4									<input type="checkbox"/> Lab	
Month 2									<input type="checkbox"/> Lab	
Month 3									<input type="checkbox"/> Lab	

If Water System chooses to take Field Tested Water Samples, any of the following Field Test Kits are acceptable: *ITS Arsenic Quick II Test Kit, Pat No. 481303, ITS Fluoride eXact Xtra Micro Strips, Part No. 486611 or Hach Nitrate Color Disc Test Kit Model NI-14.* All Water Samples from week 2 thru Month 3 must be submitted to a Certified Laboratory for analysis. Hard copies of Certified Lab Results must be provided with this form.

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