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

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ 04 -					PWS Name:					
Sample Date:					Owner / Contact Person:					
Sample Time (24-hr. clock):					Phone Number:					
☐ Special Purpose Sa	mple for s	state infor	mation or	nly (No	OT F	OR COMPLI	ANCE)			
Repeat Samples Only – Check One						Location ID:				
Use if Initial Sample was Positive										
Lab Spe	cimen ID #	f of Initial	Sample							
•						Ex. RTCR001				
☐ Upstream Location (Distribution System)						Sampling Site/ Tap Location:				
 □ Dual Purpose Sample Taken at Well (raw water) Must have regulatory agency approval 										
3 ()						Ex. 1234 Main St. tap				
Microbiological Analys	sis (To be t	filled out b	y lab pers	onnel)						
Lab Specimen ID	3100		3014			Analysis Analysis				
	Total Coliform		E. coli		_	Start		Comp		
	Method	Result	Method	Resu	ult	Date	Time	Date	Time	
If reporting for Ground Wa	otor Pula D	ual Durnos	o (rom moto	r comp	10) .	nust use meth	ad that nua	vides E coli e	G 0	
result, and specify if E. C			e (raw wate	r samp	ie), i	nust use mem	ou mai pro	vides E. con a	S a	
In the case of any E. co	oli detect,	contact y	our RTCF	ADE	Q co	ontact by the	end of the	e business d	ay (5pm).	
Laboratory Informatio	n (To be fi	lled out by	lab perso	nnel)						
Lab Name:					Lab Certified ID Number:					
Lab Contact, printed name:						Lab Phone Number:				
Signature:										
Date PWS Notified:					PWS Person Notified:					
Any positive routine or	rincrease	d routine	RTCR sar	mple t	rigg	ers the GWR	and requ	ires ADEQ no	otification.	
Date ADEQ Notified:						ADEQ Person Notified:				
Comments:										
Please mail completed form to: Arizona Department of Environmental Quality						Revised Total Coliform Rule Questions: Call (800) 234-5677, ext. 771-9200				

Phoenix, AZ 85007 OR Email to: WQD_Compliance_Data@azdeq.gov

Water Quality Data Unit, 5415B-1

1110 West Washington Street

Please do not submit multiple times.

http://www.azdeq.gov/environ/water/dw/rtcr.html

within AZ (602) 771-9200

Instructions for the AZ Drinking Water Microbiological Analysis Reporting Form

Public Water System (PWS) ID Number

A unique 9-digit code assigned to each PWS by ADEQ. The code begins with AZ04 followed by a 5-digit number beginning with the county code.

Public Water System Name

The legal name the water system has registered with the Arizona Corporation Commission (ACC). If the system is a municipality or other non-ACC regulated entity, this should reflect the legal structure (e.g. XYZ Water Improvement District). Always notify ADEQ of any change in name or ownership.

Sample Date

Date the sample was collected in mm/dd/yy format.

Owner / Contact Person

Name of the owner or owner's representative (contact person) who can be contacted.

Sample Time

Time the sample was collected in hh:mm format, use 24-hour time clock.

Location ID / Sampling Site/Tap Location

The Location ID is the RTCR### naming convention as identified in the <u>MSSP</u> which each system must update by 04/01/2016. The Sampling Sit/Tap Location may be an address or other descriptive as referenced by the PWS that is sampled in the DISTRIBUTION SYSTEM. This is also identified in the **MSSP**.

Well Number 55-xxxxxx

If a raw water sample was taken at the well, the identifier must be the ADWR 55-xxxxxx well number. Well registration number assigned by ADWR. Begins with 55- followed by 6-digits.

Total Cl₂

A chlorine residual reading is required for all GWR Dual Purpose Sample results regardless of whether chlorination is routine. A chlorine residual in the distribution system is required if a PWS chlorinates. This is not for MRDL reporting.

Repeat Samples Only, Use if Initial Sample was Positive

<u>Use this box if this analysis is a REPEAT sample</u>. *Make sure to enter the Lab Specimen ID Number from the initial sample*. Please check the repeat sample location.

Note: Dual Purpose Sample is a raw well water sample for a PWS serving 1,000 people or less, with a single ground water source. Approval by the regulatory agency must have been given to the Water System.

Microbiological Analysis

Lab Specimen ID Number: A unique 15 character (maximum) alphanumeric code that identifies a particular sample used to test one contaminant or one category of contaminants. If the sample analysis is positive, then you are required to take repeat samples. This number will be used as the Lab Specimen ID # in the Repeat Samples Only box, for the follow-up samples.

Method & Result: List the EPA approved method citation and give result.

Analysis Start, Date & Time: Date and time the laboratory analysis starts.

Analysis Complete, Date & Time: Date and time the laboratory analysis ends.

Laboratory Information

To be filled out by lab personnel.

Comments

Any pertinent comments regarding sample(s). Examples: sample >30 hours; no date or time, etc.

Form available: ADEQ Ground Water website, http://www.azdeq.gov/environ/water/dw/gw_rule.html and ADEQ Publications & Forms site, http://www.azdeq.gov/function/forms/appswater.html#sdw (scroll down to Safe Drinking Water - Laboratory Forms, DWAR - 1)

These definitions are general in nature.

For specific questions regarding your laboratory submittal, call (800) 234-5677, ext. 771-9200 or within AZ (602) 771-9200