



TECHNICAL ASSISTANCE REQUEST

Name: _____ Mailing Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Email: _____

Public Water System (PWS) Name: _____

PWS Number: _____

What type of assistance is needed? For example: System Evaluation, Treatment Evaluation (Arsenic, Nitrate) or Operation and Maintenance Manual.

Submit to:

Arizona Department of Environmental Quality
Operator Certification Program
1110 W. Washington St., Mail Code 5710C, Phoenix, AZ 85007
Phone: (602) 771-4503
Fax: (602) 771-4634
Email: yb2@azdeq.gov