

**Arizona Department of Environmental Quality  
Drinking Water Analytical Report  
Stage 1 Disinfection By-Products (TTHM & HAA5), Individual Sample Report**

# STAGE 1

PWS ID Number	Sample Date	Sample Time	System Name
AZ04-			

Owner / Contact Person	Phone Number	Fax Number

Collection Point (TTHM / HAA5)	
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Sample Type <b>REQUIRED</b>	Non-Maximum Residence Time	Maximum Residence Time
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**Disinfection By-Products Analysis** (To be completed by laboratory personnel)

Analysis Method	MCL mg/L	Reporting Limit mg/L	Contaminant Name	Code	Analysis Run Date	Results mg/L	Exceeds Trigger
	---	< 0.0010	Chloroform	2941			<input checked="" type="checkbox"/>
	---	< 0.0010	Bromoform	2942			<input checked="" type="checkbox"/>
	---	< 0.0010	Bromodichloromethane	2943			<input checked="" type="checkbox"/>
	---	< 0.0010	Dibromochloromethane	2944			<input checked="" type="checkbox"/>
	0.080	---	TTHM	2950			<input type="checkbox"/>
	---	< 0.0020	Monochloroacetic Acid	2450			<input checked="" type="checkbox"/>
	---	< 0.0010	Dichloroacetic Acid	2451			<input checked="" type="checkbox"/>
	---	< 0.0010	Trichloroacetic Acid	2452			<input checked="" type="checkbox"/>
	---	< 0.0010	Monobromoacetic Acid	2453			<input checked="" type="checkbox"/>
	---	< 0.0010	Dibromoacetic Acid	2454			<input checked="" type="checkbox"/>
	0.060	---	HAA5	2456			<input type="checkbox"/>

**Laboratory Information** (To be completed by laboratory personnel)

Specimen Number:	Lab Name:
Lab Certified ID Number:	Lab Phone Number:
	Lab Contact, name:
Date PWS Notified:	Signature:

Comments:

**Please mail completed form to:**

Arizona Department of Environmental Quality  
Water Quality Data Unit, MC 5415B-1  
1110 West Washington Street  
Phoenix, AZ 85007

**Questions Regarding TTHM / HAA5:**

Call (602) 771-4641  
within AZ (800) 234-5677, ext. 771-4641  
Fax (602) 771-4505