System ID: [_________]
System Name: [__________________________]

Sample date: [_________]
Sample time: [____:____] (24 hr clock)

Owner/Contact Person Name: [__________________________]
Owner/Contact Fax Number: [_________]
Owner/Contact Person Phone Number: [_________]

SAMPLE TYPE

☐ Compliance Monitoring

SAMPLE COLLECTION POINT/ID

☐ Entry Point to Distribution System (EPDS) # [_________]
☐ Distribution System (DS001)

*** WATER QUALITY PARAMETERS ***

>>> To be filled out by laboratory personnel <<<

<table>
<thead>
<tr>
<th>Analysis Method</th>
<th>Contaminant Name</th>
<th>Cont. Code</th>
<th>Analysis Run Date</th>
<th>Results</th>
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<tr>
<td>____</td>
<td>pH**</td>
<td>1925</td>
<td></td>
<td>________</td>
</tr>
<tr>
<td>____</td>
<td>Temperature (°C)**</td>
<td>1996</td>
<td></td>
<td>________</td>
</tr>
<tr>
<td>____</td>
<td>Alkalinity</td>
<td>1927</td>
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<td>________</td>
</tr>
<tr>
<td>____</td>
<td>Calcium*</td>
<td>1919</td>
<td></td>
<td>________</td>
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<td>____</td>
<td>Conductivity</td>
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<td></td>
<td>________</td>
</tr>
<tr>
<td>____</td>
<td>Orthophosphate*</td>
<td>1044</td>
<td></td>
<td>________</td>
</tr>
<tr>
<td>____</td>
<td>Silica*</td>
<td>1049</td>
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<td>________</td>
</tr>
</tbody>
</table>

>>> LABORATORY INFORMATION <<<

To be filled out by laboratory personnel

SPECIMEN NUMBER

[_________]

ID Number [AZ _______] Name: [__________________________]

Comments: [__________________________]

Authorized Signature: [__________________________]

Date Public Water System Notified: [__________________________]

* All units must be reported in milligrams per liter

** Field Measurements

DWAR 2A: Revised 4/2009