

**Arizona Department of Environmental Quality
Revised Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**

PWS ID Number: AZ 04 - <u>AZ 04-08078</u>	PWS Name: <u>WALNUT CREEK WATER COMPANY</u>
Sample Date: <u>11-5-2019</u>	Owner / Contact Person: <u>MIKE DUNSHIE</u>
Sample Time (24-hr, clock): <u>0700</u>	Phone Number: <u>928-530-0664</u>

Special Purpose Sample for state information only (NOT FOR COMPLIANCE)

Repeat Samples Only - Check One
Use if Initial Sample was Positive

Lab Specimen ID # of Initial Sample _____

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Dual Purpose Sample Taken at Well (raw water) Must have regulatory agency approval

Well 55- _____ Cl₂ _____ mg/L (Not for MRDL reporting)

Location ID: _____

RTCR001

Sampling Site/ Tap Location: _____

2839 MCCONNICO RD.

Report to ADEQ
 Do not report to ADEQ/EPA
 Report to EPA
 Initial WAS

Doyle P. Sumner
 Sampler's Signature

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	3100 Total Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time
<u>CUA-3402</u>	<u>9223B</u>	<u>A</u>	9223B		<u>11-5-19</u>	<u>0840</u>	<u>11-6-19</u>	<u>0855</u>
			<u>9223B</u>					

If reporting for Ground Water Rule, Dual Purpose (raw water sample), must use method that provides E. coli as a result, and specify is E. Coli if detected.

In the case of any E. coli detect, contact your RTCR ADEQ contact by the end of the business day (5pm)

Laboratory Information (To be filled out by lab personnel)

Lab Name: <u>Mohave Environmental Laboratory</u>	Lab Certified ID Number: <u>AZ0037</u>
Lab Contact, printed name: <u>Sheila Poff</u>	Lab Phone Number: <u>928-754-8101</u>
Signature: <i>Sheila Poff</i>	
Date PWS Notified: _____	PWS Person Notified: _____
Any positive routine or increased routine RTCR sample triggers the GWR and requires ADEQ notification.	
Date ADEQ Notified: _____	ADEQ Person Notified: _____

Comments: Courier Delivered: (Y) (N) _____

Temp Recd. @10.0 C

Date/Time Recd. 11/5/19 0835

Samples Recd. by S. Poff

Please mail completed form to:
 Arizona Department of Environmental Quality
 Water Quality Data Unit, 5415B-1
 1110 West Washington Street
 Phoenix, AZ 85007
 OR Email to: WQD_Compliance_Data@azdeq.gov

Revised Total Coliform Rule Questions:
 Call (800) 234-5677, ext. 771-9200
 within AZ (602) 771-9200
<http://www.azdeq.gov/environ/water/dw/rtcr.html>

Please do not submit multiple times.