

Arizona Department of Environmental Quality
Drinking Water Microbiological Analysis Report
 (This form is only for DISTRIBUTION SYSTEM compliance samples)

(AZ04) _____
 PWS ID Number _____ Name of Public Water System _____

_____/_____/_____ : _____
 Sample Date Time _____ Owner/Contact Person and 10-Digit Phone Number
 (24- hour clock)

 Sampling Site ID or Name

-Only use if Initial Sample was Positive-

Specimen ID Number of Initial Sample

Choose one: Repeat, Original Location
 Repeat, Other Location
 Repeat, Downstream Location
 Repeat, Upstream Location
 400 ml Repeat (Single Tap Only)
 300 ml Repeat (Single Tap Only)

Microbiological Analysis

Analysis Method	MCL*	Contaminant Name	Cont. Code	Analysis Run Date	Result: "P" = Present "A" = Absent
SM 9223B	Present (2 or more coliform)	Total Coliform	3100	_____	_____

Only Report Fecal/E. Coli Result if Total Coliform Result is Positive

Analysis Method	MCL*	Contaminant Name	Cont. Code	Analysis Run Date	Result: "P" = Present "A" = Absent
_____	Present (2 or more coliform)	Fecal Coliform	3013	_____	_____
SM9223B	Present (2 or more coliform)	<i>Escherichia coli</i> or E. Coli	3014	_____	_____

***MCL: If system is ≤ 33,000, then MCL is 2 or more total coliform-positive.
 If system is > 33,000, then no more than 5% of the samples may be total coliform-positive.**

Laboratory Information

(To be filled out by laboratory personnel)

Specimen Number: _____ Lab ID Number: **AZ0004**
 Name: **Legend Technical Services of Arizona, Inc.**
 Printed Name and Phone Number of Lab Contact: **Trina Spangle (602)324-6103**
 Authorized Signature: _____
 Date Public Water System Notified: _____
 Comments: _____

Please mail completed form to:

Arizona Department of Environmental Quality
 Water Quality Data Unit 5415B-1
 1110 West Washington Street, Phoenix, Arizona 85007
 For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641