

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

PWS ID Number: AZ 04 - 09075	PWS Name: Misty Mountain DWID
Sample Date: <u>09-10-24</u>	Owner / Contact Person: Trevor Deming
Sample Time (24-hr. clock): <u>09:30</u>	Phone Number: 520-827-9417

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 0 mg/L (Not for MRDL reporting)

Location ID:
RTCR-001

Sampling Site/ Tap Location:
9233 Misty Mountain Lane

- Report to ADEQ 9/11/24
- Do not report to ADEQ/EPA
- Report to EPA
- Initial TD


 Sampler's Signature

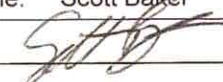
Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	3100 Total Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time
CH <u>24-1515</u>	9223B	<u>A</u>	9223B		<u>9/10/24</u>	<u>1230</u>	<u>9/11/24</u>	<u>1230</u>
			9223B					

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: Mohave Environmental Laboratory	Lab Certified ID Number: AZ0037
Lab Contact, printed name: Scott Baker	Lab Phone Number: 928-524-4635
Signature: 	
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: <input type="radio"/> <input checked="" type="radio"/>	Date/Time Recd. <u>9/10/24</u> <u>1235</u>
Temp Recd. @ <u>5.6</u> °C	Samples Recd. by <u>DB</u>

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/rtrcr.html>

Please do not submit multiple times.