

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

PWS ID Number: AZ 04 -	PWS Name: <u>Woodland Valley Ranch POA</u>
Sample Date: <u>6/3/20</u>	Owner / Contact Person: <u>Ed Sauer</u>
Sample Time (24-hr. clock): <u>1015</u>	Phone Number: <u>949-254-0342</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- \_\_\_\_\_ Cl<sub>2</sub> \_\_\_\_\_ mg/L (Not for MRDL reporting)

**Location ID:**

---

**Sampling Site/ Tap Location:**  
Community Well

- Report to ADEQ  
 Do not report to ADEQ/EPA  
 Report to EPA  
 Initial ES

  
Sampler's Signature

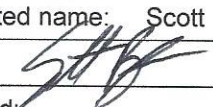
**Microbiological Analysis (To be filled out by lab personnel)**

Lab Specimen ID	3100 Total Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time
CH <u>20 - 734</u>	9223B	<u>A</u>	<del>9223B</del>	<del></del>	<u>6/3/20</u>	<u>1240</u>	<u>6/4/20</u>	<u>1240</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: _____
<b>Any positive routine or increased routine RTCR sample triggers the GWR and requires ADEQ notification.</b>	
Date ADEQ Notified: _____	ADEQ Person Notified: _____

Comments: Courier Delivered:

Temp Recd. @ 50 °C

Date/Time Recd. 6/3/20 1235

Samples Recd. by ES

**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](mailto: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.