## Department of Environmental Protection Division of Water Supply & Geoscience Mail Code 401-04Q PO Box 420 Trenton, New Jersey 08625 Tel # (609) 292-5550 – Fax # (609) 292-1654 www.state.nj.us/dep/watersupply

FOR OFFICE USE ONLY

## DRINKING WATER ANALYSIS - GROUND WATER RULE ASSESSMENT MONITORING REPORT FORM

PWSID:	Water System Name:				Laboratory ID:		Laboratory Name:					
					-							
Water System Facility ID:	ASSESSMENT MONITORING Water Sample Information		Follow-up sample #1		Follow-up sample #2		Follow-up sample #3		Follow-up sample #4		Follow-up sample #5	
Source water lab sample #:												
Sample collection date / time:*												
Chlorine residual result (mg/L)** Circle one	Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl	
Chlorine residual sample date / time:*												
	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli
Analysis method												
Microbe presence (P/A)												
Analysis start date / time:*												
Analysis completion date / time:*												
Date / time* water system notified of Assessment Monitoring E. coli+ result:			** Chlorine		be measured		ction of the co orine. If the ch					

Samples collected/chlorine residual measured by: \_\_\_\_Owner/Operator \_\_\_\_Analytical Lab \_\_\_\_Consultant/Other/Reporting Lab (show affiliation below)

 Name of collector
 Affiliation

 Form prepared by: \_\_\_Owner/Operator \_\_\_Analytical Lab \_\_\_Consultant/Other/Reporting Lab (show affiliation below)

 Name of preparer/certifier
 Affiliation

 Affiliation
 Signature

Phone # ( ) \_\_\_\_\_ - \_\_\_\_ x \_\_\_\_ E-mail: \_\_\_\_\_