



Absent Routine Total Coliform and Disinfectant Residual Summary Report Form
 (Only For Systems Collecting 30 or More Total Coliform Samples Per Month)

Submit Online: wqcdcompliance.com/login (preferred)

Fax: (303) 758-1398

WQCD - Drinking Water CAS

4300 Cherry Creek Drive South; Denver, CO 80246-1530

Total Coliform Positive Hotline: (303) 692-3308

Revision: 4/18/2016

Section I (Supplied or Completed by Public Water System)		Section II (Supplied or Completed by Certified Laboratory)	
Public Water System Information		Certified Laboratory Information	
PWS ID:		SDWIS Laboratory ID:	
System Name:	Email:	Laboratory Name:	Email:
Contact Person:	Phone:	Contact Person:	Phone:
Comments:		Comments:	

Section III (Supplied or Completed by Public Water System or Certified Laboratory)			
Sample Month:		Sample Year:	
*Number of Absent Routine Total Coliform Results	**Total Number of Disinfectant Residual Sample Results	**Total Number of Disinfectant Residual Results Below 0.2 mg/L	**Disinfectant Residual Average for All Results (mg/L)

***Present or repeat** results must be reported using the Individual Form or CSV file.

**Only include disinfectant residuals (free or total chlorine) measured at the same time and place as total coliform samples.

**Disinfectant residuals measured with present or repeat results must also be included on this form.