ADEQ Arizona Department of Environmental Quality

DRINKING WATER ANALYSIS REPORTING FORM

# ASBESTOS COMPOSITE

*** Entry Point to the Distribution System (EPDS) Only ***

| | PWS ID | PWS Name | EPDS ID | Specimen Number | Sample Date | Time (24 HR) |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| | Owner/Contact Person | Phone Number | Email Address |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

**Compliance Sample Type:** ☐ ≤ 3,300 Population ☐ > 3,300 Population

## *** COMPOSITE ASBESTOS ANALYSIS ***

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

| Analysis Method | MCL | Reporting Limit | Contaminant Name | Cont. Code | Analysis Run Date | Result * | Exceeds MCL | Exceeds Reporting Limit |
|---|---|---|---|---|---|---|---|---|
| | 7 MFL | 0.2 | Asbestos | 1094 | | | ☐ | ☐ |

## *** LABORATORY INFORMATION ***

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

[_____]
**Specimen Number**

**Comment** [_____]

**Lab ID Number** [AZ_____] **Lab Name** [_____] **Phone Number** [_____]

**Lab Contact, Printed Name** [_____] **Authorized Signature** [_____]

**PWS Notification Date #1** [_____] **#2** [_____] **#3** [_____] **#4** [_____] **#5** [_____]

* All units must be reported in million fibers per liter (MFL)

DWAR 2C: Revised 12/2017

**Submit completed form to:**
**EMAIL**: WQD_Compliance_Data@azdeq.gov **-or-** **MAIL**: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St., Phoenix, AZ 85007.
**For questions call**: (602) 771-9200