



**DRINKING WATER ANALYSIS REPORTING FORM  
SYNTHETIC ORGANIC CHEMICALS (SOC)**  
\*\*\* Entry Point to the Distribution System (EPDS) Only \*\*\*

**\*\*\* PUBLIC WATER SYSTEM INFORMATION \*\*\***

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[ \_\_\_\_\_ ]  
**PWS ID Number**

\_\_\_\_\_  
**PWS Name**

[ \_\_\_\_\_ ]  
**Sample Date**

[ \_\_\_\_ ] : [ \_\_\_\_ ]  
**Sample Time** (24HR CLOCK)

\_\_\_\_\_  
**Owner/Contact Person**

\_\_\_\_\_  
**Owner/Contact Email Address**

( \_\_\_\_\_ )  
**Owner/Contact Phone Number**

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT**

Entry Point to the Distribution System [EPDS \_\_\_\_\_]

**SAMPLE SITE ID** [ \_\_\_\_\_ ]

**For MCL or Composite Level Sample Exceedance**

Original Violation Specimen Number [ \_\_\_\_\_ ]

**SAMPLE TYPE**

Confirmation                      - or -                       Re-Analysis

Confirmation Composite                       Re-Sample

**\*\*\* SYNTHETIC ORGANIC CHEMICAL 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
_____	0.07	0.0001	2,4-D (2,4-Dichlorophenoxyacetic acid)	2105	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.0002	2,4,5-TP (Silvex)	2110	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.003	0.001	Toxaphene	2020	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.0002	Alachlor	2051	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.003	0.0001	Atrazine	2050	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.04	0.0009	Carbofuran	2046	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.001	0.00004	Pentachlorophenol	2326	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.0002	Chlordane	2959	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	0.00002	Dibromochloropropane (DBCP)	2931	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.00005	0.00001	Ethylene dibromide (EDB)	2946	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0004	0.00004	Heptachlor	2065	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	0.00002	Heptachlor epoxide	2067	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	0.00002	Lindane (BHC-Gamma)	2010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	0.00002	Benzo[a]pyrene	2306	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.001	Dalapon	2031	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.006	0.0006	Di(2-ethylhexyl)phthalate	2039	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.4	0.0006	Di(2-ethylhexyl)adipate	2035	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.007	0.0002	Dinoseb	2041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

[ \_\_\_\_\_ ]  
**Specimen Number**

\_\_\_\_\_  
**Comment** [ \_\_\_\_\_ ]



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

[ \_\_\_\_\_ ]  
**PWS ID Number**

\_\_\_\_\_ **PWS Name**

**SAMPLE COLLECTION POINT**

Entry Point to the Distribution System [EPDS \_\_\_\_\_ ]

**SAMPLE SITE ID** [ \_\_\_\_\_ ]

**\*\*\* SYNTHETIC ORGANIC CHEMICAL 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
_____	3x10 <sup>-8</sup>	5x10 <sup>-9</sup>	2,3,7,8-TCDD (Dioxin)	2063	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.02	0.0004	Diquat	2032	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.009	Endothall	2033	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.00001	Endrin	2005	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.7	0.006	Glyphosate	2034	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.001	0.0001	Hexachlorobenzene	2274	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.0001	Hexachlorocyclopentadiene	2042	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.002	Oxamyl	2036	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.5	0.0001	Picloram	2040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.004	0.00007	Simazine	2037	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.04	0.0001	Methoxychlor	2015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0005	0.0001	Polychlorinated biphenyls (PCB)	2383	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*\* LABORATORY INFORMATION \*\*\***  
>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

[ \_\_\_\_\_ ]  
**Specimen Number**

\_\_\_\_\_ **Comment**

[ AZ \_\_\_\_\_ ] **Lab ID Number**

[ \_\_\_\_\_ ] **Lab Name**

[ \_\_\_\_\_ ] **Phone Number**

[ \_\_\_\_\_ ] **Lab Contact, Printed Name**

[ \_\_\_\_\_ ] **Authorized Signature**

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

All units must be reported in milligrams per liter (mg/L)

DWAR 3: Revised 04/2018

**Submit it completed form to:**  
**EMAIL:** [WQD\\_Compliance\\_Data@azdeq.gov](mailto: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