

Arizona Department of Environmental Quality
Drinking Water Aroclor Analysis Reporting Form
 *** Entry Point to the Distribution System (EPDS) Only ***

PWS ID#: AZ04 _____

PWS Name: _____

_____: _____ (24 hr clock)
 Sample Date Sample Time

 Owner/Contact Person

 Owner/Contact Email Address

(_____) _____
 Owner/Contact Phone Number

Sample Type:
 Compliance Monitoring

Sample Collection Point:
 EPDS # _____

 Sampling Site ID

AROCLOR (PCB SCREENING TEST)

>>>To be completed by laboratory personnel<<<

Analysis Method	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds Reporting Limit*
_____	.00008	Aroclor 1016	2388	_____	_____	<input type="checkbox"/>
_____	.02	Aroclor 1221	2390	_____	_____	<input type="checkbox"/>
_____	.0005	Aroclor 1232	2392	_____	_____	<input type="checkbox"/>
_____	.0003	Aroclor 1242	2394	_____	_____	<input type="checkbox"/>
_____	.0001	Aroclor 1248	2396	_____	_____	<input type="checkbox"/>
_____	.0001	Aroclor 1254	2398	_____	_____	<input type="checkbox"/>
_____	.0002	Aroclor 1260	2400	_____	_____	<input type="checkbox"/>

Laboratory Information

>>>To be completed by laboratory personnel<<<

Lab ID Number: _____

Specimen Number: _____

Name: _____

Printed Name and Phone Number of Lab Contact: _____

Authorized Signature: _____

Date Public Water System Notified: _____

Comments: _____

*If any reporting limit is exceeded, then further testing for decachlorobiphenyl must be conducted.

All units must be reported in milligrams per liter (mg/L)
 DWAR-3A: Revised 2/2010

**Instructions for Using the Arizona Department of Environmental Quality
Aroclor Analysis Reporting Form
Revised 2010**

SYSTEM ID: This is a unique 5 digit Public Water System Identification (PWSID) number assigned to each public water system by ADEQ.

SYSTEM NAME: This should be the legal name which the water system has registered with the Arizona Corporation Commission (ACC). If the system is a municipality or other non ACC regulated entity, this should reflect the legal structure, such as XYZ Water Improvement District. Always notify the Department in writing of any name or ownership change.

SAMPLE DATE: The date the specimen was collected in mm/dd/yy format.

SAMPLE TIME: The time the specimen was collected in hh:mm format (24 hr clock time).

OWNER/CONTACT PERSON NAME: The first and last name of the owner or owner's representative (contact person), who should be contacted with sample results.

OWNER/CONTACT PHONE #: The daytime phone number of the owner or owner's representative (contact person), who should be contacted with sample results. All phone numbers need to be listed.

SAMPLE TYPE: State the compliance reason for specimen collection. Only the relevant sample types for each contaminant group are provided on the ADEQ forms. Mark only one sample type for form.

SAMPLE COLLECTION POINT/ID: The location within the water system where the sample was taken and its assigned identifying number. Entry Point to the Distribution System (EPDS) location – use this location for inorganic and organic chemical samples. Each sample is taken at the EPDS, which means the point at which water is discharged into the distribution system from the well, storage tank, pressure tank, or treatment facility. It is after treatment but prior to the first service connection. The three digit number is assigned by ADEQ. All EPDS numbers need to be listed.

SAMPLING SITE ID: This is for your convenience so that you may put in an address or other location. This does not need to be completed.

SPECIMEN NUMBER: A unique 15 character (max) alphanumeric code that identifies a particular sample used to test one contaminant or one category of contaminants. If reporting on separate reporting forms, a different (unique) number is required for each contaminant group and for each report. If the sample analysis results exceed the reporting level, and you are required to take a confirmation sample, this number will be used as the "Original Violating Specimen number" on the "Synthetic Organic Chemical Analysis Reporting Form".

EXCEEDS REPORTING LIMIT: If the sample analysis results exceed any of the reporting limits, then further PCB testing by Method 508A is required.

PLEASE MAIL COMPLETED FORM TO:
ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY COMPLIANCE DATA UNIT (MC 5415B-1)
1110 W. WASHINGTON ST.
PHOENIX, AZ 85007
WQD_Compliance_Data@azdeq.gov

NOTE: These definitions are general in nature. For specific questions regarding your laboratory submittal, please call (602) 771-9200 or within AZ 1-800-234-5677, ext. 9200.

Copies of this form are available from the ADEQ website at www.azdeq.gov.

Go to <http://www.azdeq.gov/function/forms/appswater.html#sdw> , scroll down to laboratory reporting forms and click on DWAR-3A Aroclor Analysis Report.