

Arizona Department Of Environmental Quality  
**Drinking Water Source Approval Form**  
Samples To Be Taken At Source Only

\_\_\_\_\_  
System ID#

\_\_\_\_\_  
Sample Date

\_\_\_\_\_  
ADEQ Project Number

New System    **YES**        **NO**

New Source     **YES**        **NO**

Reactivated  
Source        **YES**        **NO**

\_\_\_\_\_  
Owner/Contact Person Name

\_\_\_\_\_  
System Name

\_\_\_\_\_ : \_\_\_\_\_ (24 Hr clock)

\_\_\_\_\_  
Sample Time

55-\_\_\_\_\_  
Well ID Number

\_\_\_\_\_  
Surface Water Intake ID Number

(\_\_\_\_\_) \_\_\_\_\_

Owner/Contact Person Phone Number

**This form is to be filled out completely, and all pages are to be submitted together. If more than one laboratory participated in the analyses, please attach a copy of the original laboratory report, signed by the performing laboratory, to the back of this form.**

**All Results Shall Be Reported In Milligrams Per Liter (mg/L) Unless Otherwise Specified.**

**Please Mail This Completed Form To:**

**Arizona Department Of Environmental Quality  
Technical Review Unit  
Drinking Water Section (5415B-2)  
1110 W Washington St,  
Phoenix, AZ 85007**

**\*\*\*Inorganic Chemical Analysis\*\*\***

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	0.01	0.005	Arsenic	1005	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	2	1	Barium	1010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0025	Cadmium	1015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.05	Chromium	1020	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1.3*	0.050	Copper	1022	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	4.0	0.5	Fluoride	1025	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.015*	0.0025	Lead	1030	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.001	Mercury	1035	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	10	2.5	Nitrate (as N)	1040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	0.25	Nitrite	1041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.025	Selenium	1045	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.006	0.003	Antimony	1074	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.004	0.002	Beryllium	1075	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.1	Cyanide (as free	1024	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		0.05	Nickel	1036	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.001	Thallium	1085	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\*Action Level

**Laboratory Information**

Specimen Number: \_\_\_\_\_  
 Lab ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*Physical Analysis\*\*\***

Analysis Method	Contaminant Name	Cont. Code	Analysis Run Date	Result
_____	Sulfate	1055	_____	_____
_____	Sodium	1052	_____	_____
_____	PH	1925	_____	_____
_____	Alkalinity	1927	_____	_____
_____	Hardness/Calcium	1918	_____	_____
_____	Langelier Index	1997	_____	_____
_____	Temperature (°C)	1996	_____	_____
_____	Total Dissolved Solids-TDS	1930	_____	_____

**Laboratory Information**

Specimen Number: \_\_\_\_\_  
 Lab ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*Synthetic Organic Chemical Analysis\*\*\***

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	2105	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.0002	2,4,5-TP (Silvex)	2110	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.0002	Alachlor	2051	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.003	0.001	Toxaphene	2020	_____	_____	<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	Chlorodane	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	2010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.04	0.0001	Methoxychlor	2015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0005	0.0001	PCB (Polychlorinated Biohenyls)	2383	_____	_____	<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"/>
_____	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	0.0007	Simazine	2037	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\*Aroclor results may be submitted in lieu of PCB

**Laboratory Information**

Specimen Number: \_\_\_\_\_  
 Lab ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*Aroclor (PCB Screening Test)\*\*\***

Analysis Method	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds Reporting Limit
_____	0.00008	Aroclor 1016	2388	_____	_____	<input type="checkbox"/>
_____	0.02	Aroclor 1221	2390	_____	_____	<input type="checkbox"/>
_____	0.0005	Aroclor 1232	2392	_____	_____	<input type="checkbox"/>
_____	0.0003	Aroclor 1242	2394	_____	_____	<input type="checkbox"/>
_____	0.0001	Aroclor 1248	2396	_____	_____	<input type="checkbox"/>
_____	0.0001	Aroclor 1254	2398	_____	_____	<input type="checkbox"/>
_____	0.0002	Aroclor 1260	2400	_____	_____	<input type="checkbox"/>

**Laboratory Information**

Specimen Number: \_\_\_\_\_  
 Lab ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*Volatile Organic Chemical Analysis\*\*\***

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	0.007	0.0005	1,1Dichloroethylene	2977	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.0005	1,1,1-Trichloroethane	2981	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	1,1,2-Trichloroethane	2985	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	1,2-Dichloroethane	2980	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	1,2-Dichloropropane	2983	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Benzene	2990	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Carbon Tetrachloride	2982	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.07	0.0005	cis-1,2 Dichloroethylene	2380	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.7	0.0005	Ethylbenzene	2992	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.0005	(mono) Chlorobenzene	2989	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.6	0.0005	o-Dichlorobenzene	2968	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.075	0.0005	para-Dichlorobenzene	2969	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.0005	Styrene	2996	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Tetrachloroethylene	2987	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	0.0005	Toluene	2991	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.0005	Trans-1,2-Dichloroethylene	2979	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Trichloroethylene	2984	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.0005	Vinyl Chloride	2976	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	10	0.0015	Xylenes, Total	2955	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.07	0.0005	1,2,4-Trichlorobenzene	2378	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Dichloromethane	2964	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Laboratory Information**

Specimen Number: \_\_\_\_\_  
 Lab ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*Radiochemical Analysis\*\*\***

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	15 pCi/L		Adjusted Gross Alpha	4000	_____	_____	<input type="checkbox"/>	
_____		3 pCi/L	Gross Alpha	4002	_____	_____		<input type="checkbox"/>
_____	30ug/L	1ug/L	Combined Uranium	4006	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____			Uranium 234	4007	_____	_____		
_____			Uranium 235	4008	_____	_____		
_____			Uranium 238	4009	_____	_____		
_____	5 pCi/L	1 pCi/L	Combined Radium	4010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		1 pCi/L	Radium 226	4020	_____	_____		<input type="checkbox"/>
_____		1 pCi/L	Radium 228	4030	_____	_____		
_____	* 4 mrem	4 pCi/L	Gross Beta	4100	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	* 20,000 pCi/L	1,000 pCi/L	Tritium	4102	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		10 pCi/L	Strontium-89	4172	_____	_____		<input type="checkbox"/>
_____	* 8 pCi/L	2 pCi/L	Strontium-90	4174	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		1 pCi/L	Iodine-131	4264	_____	_____		<input type="checkbox"/>
_____		10 pCi/L	Cesium-134	4270	_____	_____		<input type="checkbox"/>

\*Do not analyze for this contaminant unless notified by ADEQ

**Laboratory Information**

Specimen Number: \_\_\_\_\_  
 Lab ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*Asbestos Analysis\*\*\***

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL
_____	7 MFL	0.01MFL	Asbestos	1094	_____	_____	<input type="checkbox"/>

**Laboratory Information**

Specimen Number \_\_\_\_\_  
 Lab ID Number \_\_\_\_\_ Name \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**\*\*\*MICROBIOLOGICAL ANALYSIS\*\*\***

Analysis Method	MCL	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
	Present 1 or More Coliform	Total Coliform	3100			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
	Present 1 or More Coliform	Fecal Coliform	3002 3014 3028			

**LABORATORY INFORMATION**

>>>To be filled out by laboratory personnel<<<

Specimen Number \_\_\_\_\_  
 Lab ID Number \_\_\_\_\_ Name \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**INSTRUCTIONS FOR USING THE ARIZONA DRINKING WATER  
SOURCE APPROVAL REPORTING FORM**

Revised 2021

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

**SYSTEM NAME:** Should be in the legal name which the water system will be known as when the system is built. Always notify the Department in writing of any name or ownership change.

**ADEQ PROJECT NUMBER:** This is the number assigned by ADEQ when the project is first submitted for an "Approval to Construct".

**NEW SYSTEM:** If this is a new system and a system in number has not yet been assigned by ADEQ, then mark "YES", and be sure that the project number is filled in.

**NEW POE:** If this source represents a new point of entry (POE) for your system, then mark "YES" on the form. This will allow ADEQ to assign a new point of entry number and the appropriate monitoring year for this point of entry.

**WELL ID NUMBER:** The Department of Water Resources' registration number goes here. This number always begins with a 55-. If the new source does not constitute a new point of entry, fill in the existing point of entry number that this source is joining.

**SURFACE WATER INTAKE ID NUMBER:** This number must be assigned by ADEQ. If the new source does not constitute a new point of entry, fill in the existing point of entry number that this source is joining.

**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's representative, (contact person) who should be contacted with sample results.

**SAMPLE TYPE:** The compliance reason for specimen collection. Only the relevant sample types for each contaminant group are provided on the ADEQ forms.

**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 different reporting forms, a different (unique) number is required for each contaminant group and for each report.

**NOTE:** These definitions are general in nature. For specific questions regarding your laboratory submittal, please contact the Arizona Department of Environmental Quality (ADEQ) **Water Quality Compliance Section at 1-800-234-5677, ext. 4648, or 602-771-4648.**