



DRINKING WATER ANALYSIS REPORT
AROCLOR
 *** Entry Point to the Distribution System (EPDS) Only ***

***** PUBLIC WATER SYSTEM INFORMATION *****
 >>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____] PWS ID Number		<hr/>
[_____] Sample Date	[____:____] Sample Time (24HR CLOCK)	<hr/> Owner/Contact Person
<hr/> Owner/Contact Email Address		(_____) Owner/Contact Phone Number
SAMPLE TYPE		SAMPLE COLLECTION POINT
<input type="checkbox"/> Compliance Monitoring		<input type="checkbox"/> Entry Point to the Distribution System [EPDS: _____]
		SAMPLE SITE ID [_____]

***** AROCLOR (PCB SCREENING TEST) ANALYSIS *****
 >>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

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 *****
 >>> 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 [_____]	PWS Person Notified [_____]

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

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