



DRINKING WATER ANALYSIS REPORTING FORM
SYNTHETIC ORGANIC CHEMICALS (SOC) 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 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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1					
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 >>> 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 ⁻⁸	5x10 ⁻⁹	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** [_____]
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 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