



**DRINKING WATER ANALYSIS REPORTING FORM
ASBESTOS**

* Distribution System or 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 _____]

Distribution System [Site ID _____]

For MCL or Composite Level Sample Exceedance

Original Violation Specimen Number [_____]

SAMPLE TYPE

Confirmation - or - Confirmation Composite

***** ASBESTOS 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
_____	7 MFL	0.2	Asbestos	1094	_____	_____	<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

[_____]
PWS Person Notified

* All units must be reported in million fibers per liter (MFL)

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