DRINKING WATER ANALYSIS REPORTING FORM

ASBESTOS COMPOSITE

** Entry Point to the Distribution System or Distribution System Only **

	PWS ID	PWS Name	Site 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

Sample Collection Point: ☐ Entry Point to the Distribution System (EPDS) ☐ Distribution System

***** 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	_____	_____	☐	☐

***** 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 million fibers per liter (MFL)

DWAR 2C: Revised 07/2019

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