



## ASBESTOS ANALYSIS - Distribution System

Note: All information must be supplied for compliance credit.

**Water System Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **County:** \_\_\_\_\_

**Name of Water System:** \_\_\_\_\_

**Sample Type:**     Distribution (Compliance)         Non-compliance

**Location Code:** \_\_\_\_\_ **Tap Location:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

Check (√) if sample site is owned or controlled by water system.

Check (√) if sample site is a daycare or a K-12 school.

**Facility ID No. (Distribution):** D 0 1

**Sample Point:** ASB

**Collected By:** \_\_\_\_\_

(Please Print)

<u>Collection Date</u>	<u>Collection Time</u>
____ / ____ / ____ <small>(MM/DD/YY)</small>	____ : ____ , ____ <b>M</b> <small>(Specify AM or PM)</small>

**Mail Results to (water system representative):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_

**Fax #:** (\_\_\_\_) \_\_\_\_\_

**Responsible Person's email:**  
 \_\_\_\_\_

**Laboratory ID #:** \_\_\_\_\_

Contam Code	Contaminant	Method Code	Required Reporting Limit (R.R.L.)	Analysis Started	Analysis Ended	Not Detected (i.e.< R.R.L.)	Quantified Results <sup>1, 2</sup>	Allowable Limit
1094	ASBESTOS		0.2 MFL			<input type="checkbox"/>	MFL	7 MFL

**Notes:** <sup>1</sup> MFL = Million Fibers per Liter > 10 µm.

<sup>2</sup> If result exceeds the allowable limit, the laboratory must report the analytical results to the State within 48 hours.

**Laboratory Log #:** \_\_\_\_\_ **Certified By:** \_\_\_\_\_

(Print and sign name)

**COMMENTS:** \_\_\_\_\_