



DRINKING WATER ANALYSIS REPORTING FORM
INORGANIC CHEMICAL (IOCs)
 *** Point of Use (POU) 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

Point of Use Compliance Monitoring

SAMPLE COLLECTION POINT

Point of Use Number [POU _____]

SAMPLE SITE ID [_____]

For MCL Exceedance
 Original Violation Specimen Number [_____]

SAMPLE TYPE
 POU Confirmation

***** INORGANIC 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
_____	0.010	0.005	Arsenic	1005	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	2	1	Barium	1010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0025	Cadmium	1015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.05	Chromium	1020	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	4	0.5	Fluoride	1025	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.001	Mercury	1035	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	10	2.5	Nitrate (as N)	1040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	0.25	Nitrite (as N)	1041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.025	Selenium	1045	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.006	0.003	Antimony	1074	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.004	0.002	Beryllium	1075	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.1	Cyanide	1024	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL		Nickel *	1036	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.001	Thallium	1085	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL		Sodium *	1052	_____	_____	<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

* Contaminants with no MCL

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 call: (602) 771-9200