



DRINKING WATER ANALYSIS REPORTING FORM
Total Organic Carbon/Alkalinity (TOCA)
 *** Please see page 2 for TOCA Treatment Technique Compliance Rules ***

***** 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 COLLECTION POINT

Surface Water Inlet [_____]
 Treatment Plant Number [_____]

Percent Removal Ratio (Or Alternative Criteria) [_____]

Running Annual Average [_____]

SAMPLE TYPE

- TOCA (Must be ≥ 1.0 to meet compliance)
- Alternative Criteria
- System has Enhanced Softening

REPORTING

Month [_____] Year [_____]

***** TOTAL ORGANIC CARBON / ALKALINITY ANALYSIS *****

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

| Total Organic Carbon (2920) | | |
|-----------------------------|-----|---------|
| Analysis Method [_____] | RAW | TREATED |
| Sampling Site ID | | |
| Specimen Number | | |
| Analysis Run Date | | |
| Analysis Result (mg/L) | | |

TOC Removed (Raw TOC – Treated TOC) _____
 Percent TOC Removal (TOC Removed/TOC Raw) _____
 Required TOC Removal (See page 2) _____
 Removal Ratio (Percent TOC Removed/Required TOC Removed) _____

| Alkalinity (1927) | | |
|---|-----|---------|
| Analysis Method [_____] | RAW | TREATED |
| Sampling Site ID | | |
| Specimen Number | | |
| Analysis Run Date | | |
| Analysis Result (mg/L-CaCO ₃) | | |

Alternative Criteria

Check the *alternative criteria* used for your facility for meeting TOCA:

- SUVA 2923 (L/mg-m) - Analysis Method: [_____]
- TTHM (mg/L) - Analysis Method: [_____] and HAA5 (mg/L) - Analysis Method: [_____]
- * Indicate if Cl₂ is the only disinfectant through the system YES NO
- Magnesium as CaCO₃ - Analysis Method: [_____]

| | RAW | TREATED |
|-------------------|-----|---------|
| Sampling Site ID | | |
| Specimen Number | | |
| Analysis Run Date | | |
| Analysis Result | | |

***** 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 [_____] **PWS Person Notified** [_____]

Submit completed form to:
EMAIL: WQD.Compliance.Data@azdeq.gov -or- **MAIL:** ADEQ Water Quality Compliance Data Unit (MC 5415B-1),
 For questions call: (602) 771-9200 1110 W. Washington St., Phoenix, AZ 85007.