



**DRINKING WATER ANALYSIS REPORT
WATER QUALITY PARAMETERS (WQP)**

***** 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 [RTCR Site/Location: _____]

***** WATER QUALITY PARAMETERS ANALYSIS *****

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

| Analysis Method | Contaminant Name | Cont. Code | Analysis Run Date | Result |
|-----------------|---------------------|------------|-------------------|--------|
| FIELD | pH ** | 1925 | _____ | _____ |
| FIELD | Temperature (°C) ** | 1996 | _____ | _____ |
| _____ | Alkalinity | 1927 | _____ | _____ |
| _____ | Calcium * | 1919 | _____ | _____ |
| _____ | Conductivity | 1064 | _____ | _____ |
| _____ | Orthophosphate * | 1044 | _____ | _____ |
| _____ | Silica * | 1049 | _____ | _____ |
| _____ | Iron *** | 1028 | _____ | _____ |
| _____ | Manganese *** | 1032 | _____ | _____ |
| _____ | Chloride *** | 1017 | _____ | _____ |
| _____ | Sulfate *** | 1055 | _____ | _____ |

***** LABORATORY INFORMATION *****

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

[_____]
Specimen Number

Lab ID Number [AZ _____] **Lab Name** [_____] **Phone Number** [_____]

Lab Contact, Printed Name [_____] **Authorized Signature** [_____]

Comments [_____]

PWS Notification Date [_____] **PWS Person Notified** [_____]

* All units must be reported in milligrams per liter (mg/L)
** Field Measurements
*** ADEQ Recommended
DWAR 2A: Revised 12/2017

Submit completed form to:
Email: WQD_COMPLIANCE_DATA@AZDEQ.GOV
Mail: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St., Phoenix, AZ 85007. **For Questions, Call:** (602) 771-9200