



DRINKING WATER ANALYSIS REPORTING FORM
INORGANIC CHEMICAL (IOCs)
 *** Entry Point to the Distribution System (EPDS) Only ***

***** PUBLIC WATER SYSTEM INFORMATION *****
 >>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____]
PWS ID Number

[_____] [_____ : _____]
Sample Date **Sample Time (24HR CLOCK)**

_____ **PWS Name**

_____ **Owner/Contact Person**

(_____) _____ **Owner/Contact Phone Number**

_____ **Owner/Contact Email Address**

SAMPLE TYPE

Compliance Monitoring

SAMPLE COLLECTION POINT

Entry Point to the Distribution System [EPDS _____]

For MCL or Composite Level Sample Exceedance
 Original Violation Specimen Number [_____]

SAMPLE TYPE

Confirmation - or - Confirmation Composite

***** 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 Trigger Limit
_____	0.010	0.005	Arsenic	1005	_____	_____	<input type="checkbox"/>	
_____	2	1	Barium	1010	_____	_____	<input type="checkbox"/>	
_____	0.005	0.0025	Cadmium	1015	_____	_____	<input type="checkbox"/>	
_____	0.1	0.05	Chromium	1020	_____	_____	<input type="checkbox"/>	
_____	4	0.5	Fluoride	1025	_____	_____	<input type="checkbox"/>	
_____	0.002	0.001	Mercury	1035	_____	_____	<input type="checkbox"/>	
_____	10	2.5	Nitrate (as N)	1040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> (5 mg/L)
_____	1	0.25	Nitrite (as N)	1041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> (0.5 mg/L)
_____	0.05	0.025	Selenium	1045	_____	_____	<input type="checkbox"/>	
_____	0.006	0.003	Antimony	1074	_____	_____	<input type="checkbox"/>	
_____	0.004	0.002	Beryllium	1075	_____	_____	<input type="checkbox"/>	
_____	0.2	0.1	Cyanide	1024	_____	_____	<input type="checkbox"/>	
_____	No MCL	0.05	Nickel *	1036	_____	_____	<input type="checkbox"/>	
_____	0.002	0.001	Thallium	1085	_____	_____	<input type="checkbox"/>	
_____	No MCL	10	Sodium *	1052	_____	_____	<input type="checkbox"/>	

***** 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** [_____]

All units must be reported in milligrams per liter (mg/L)
 * Contaminants with no MCL
 DWAR 2IN: Revised 12/2017

Submit completed form to:
EMAIL: WQD_Compliance_Data@azdeg.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