



**DRINKING WATER ANALYSIS REPORTING FORM**  
**VOLATILE ORGANIC CHEMICALS (VOC)**  
 \*\*\* Entry Point to the Distribution System (EPDS) 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**

Compliance Monitoring

**SAMPLE COLLECTION POINT**

Entry Point to the Distribution System [EPDS \_\_\_\_\_]

**SAMPLE SITE ID** [ \_\_\_\_\_ ]

**For MCL or Composite Level Sample Exceedance**

Original Violation Specimen Number [ \_\_\_\_\_ ]

**SAMPLE TYPE**

Confirmation-MCL - or -  Confirmation-Composite

**\*\*\* VOLATILE ORGANIC CHEMICAL ANALYSIS \*\*\***

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

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Analysis Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	0.007	0.0005	1,1-Dichloroethylene	2977	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.0005	1,1,1-Trichloroethane	2981	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	1,1,2-Trichloroethane	2985	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	1,2-Dichloroethane	2980	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	1,2-Dichloropropane	2983	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Benzene	2990	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Carbon Tetrachloride	2982	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.07	0.0005	cis-1,2 Dichloroethylene	2380	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.7	0.0005	Ethylbenzene	2992	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.0005	(mono)chlorobenzene	2989	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.6	0.0005	o-Dichlorobenzene	2968	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.075	0.0005	Para-Dichlorobenzene	2969	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.0005	Styrene	2996	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Tetrachloroethylene	2987	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	0.0005	Toluene	2991	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

[ \_\_\_\_\_ ]  
**Specimen Number**

**Comment** [ \_\_\_\_\_ ]

DWAR 04: Revised 07/2019



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 \*\*\* Entry Point to the Distribution System (EPDS) Only \*\*\*

[ \_\_\_\_\_ ]

**PWS ID Number**

\_\_\_\_\_ **PWS Name**

**SAMPLE COLLECTION POINT**

Entry Point to the Distribution System [EPDS \_\_\_\_\_ ]

**SAMPLE SITE ID** [ \_\_\_\_\_ ]

**\*\*\* VOLATILE ORGANIC 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
_____	0.1	0.0005	Trans-1,2 Dichloroethylene	2979	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Trichloroethylene	2984	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.0005	Vinyl Chloride	2976	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	10	0.0015	Xylenes, total	2955	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.07	0.0005	1,2,4-Trichlorobenzene	2378	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.0005	Dichloromethane	2964	_____	_____	<input type="checkbox"/>	<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)

DWAR 04: Revised 07/2019

Submit completed form to:  
**EMAIL:** [WQD\\_Compliance\\_Data@azdeq.gov](mailto:WQD_Compliance_Data@azdeq.gov) -or- **MAIL:** ADEQ Water Quality Compliance Data Unit (MC 5415B-1),  
**For questions visit:** [azdeq.gov/DWComplianceAssistance](http://azdeq.gov/DWComplianceAssistance) 1110 W. Washington St., Phoenix, AZ 85007.