



**DRINKING WATER ANALYSIS REPORTING FORM
INORGANIC CHEMICAL (IOCs) COMPOSITE**

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

PWS ID	PWS Name	EPDS ID	Specimen Number	Sample Date	Time (24 HR)
1					
2					
3					
4					
5					

Owner/Contact Person	Phone Number	Email Address
1		
2		
3		
4		
5		

Compliance Sample Type: ≤ 3,300 Population > 3,300 Population

***** 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 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	0.05	Nickel *	1036	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.001	Thallium	1085	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL	10	Sodium *	1052	_____	_____	<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 #1 [_____] **#2** [_____] **#3** [_____] **#4** [_____] **#5** [_____]

All units must be reported in milligrams per liter (mg/L)
 * Contaminants with no MCL
 DWAR 10: Revised 07/2019

Submit it completed form to:
EMAIL: WQD_Compliance_Data@azdeq.gov **-or-** **MAIL:** ADEQ Water Quality Compliance Data Unit (MC 5415B-1),
For questions, go to: azdeq.gov/DWComplianceAssistance 1110 W. Washington St., Phoenix, AZ 85007.