



**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  $\geq 1.0$  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 <sub>3</sub> )		

**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 Cl<sub>2</sub> is the only disinfectant through the system     YES     NO
- Magnesium as CaCO<sub>3</sub> - Analysis Method: [ \_\_\_\_\_ ]

Alternative Criteria		
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, go to:** azdeq.gov/DWComplianceAssistance    1110 W. Washington St., Phoenix, AZ 85007.