



**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**

[ AZ \_\_\_\_\_ ] **Lab ID Number**      [ \_\_\_\_\_ ] **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 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, go to:** [azdeq.gov/DWComplianceAssistance](http://azdeq.gov/DWComplianceAssistance)      1110 W. Washington St., Phoenix, AZ 85007.