

Arizona Department of Environmental Quality
Drinking Water Inorganic Chemical Analysis Reporting Form
 *** Entry Point to the Distribution System (EPDS) Only ***

PWS ID#: AZ04 _____ PWS Name: _____

_____ : _____ (24 hr clock) _____
 Sample Date Sample Time Owner/Contact Person

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

Sample Type:
 Compliance Monitoring

Sample Collection Point:
 EPDS # _____

For MCL or Composite Level Sample Exceedance _____ Original Violation Specimen Number Sample Type <input type="checkbox"/> Confirmation <input type="checkbox"/> Confirmation Composite
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Sampling Site ID _____

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"/>	(5 mg/L) <input type="checkbox"/>
_____	1	0.25	Nitrite (as N)	1041	_____	_____	<input type="checkbox"/>	(0.5 mg/L) <input type="checkbox"/>
_____	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<<<

Lab ID Number: _____
 Specimen Number: _____
 Name: _____
 Printed Name and Phone Number of Lab Contact: _____
 Authorized Signature: _____
 Date Public Water System Notified: _____
 Comments: _____

All units must be reported in milligrams per liter (mg/L)

*Contaminants without an MCL

DWAR-2IN: Revised 8/2009