

Arizona Department of Environmental Quality
Drinking Water Inorganic Chemical Analysis POU Reporting Form
 *** Point of Use (POU) 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:
 Point Of Use Monitoring

Sample Collection Point:

Point of Use Number _____

For MCL Exceedance _____ Original Violation Specimen Number Sample Type <input type="checkbox"/> POU Confirmation

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	0.010	Arsenic	1005	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	2	2	Barium	1010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.005	Cadmium	1015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.1	Chromium	1020	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	4	4	Fluoride	1025	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.002	Mercury	1035	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	10	5	Nitrate (as N)	1040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	0.5	Nitrite (as N)	1041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.05	Selenium	1045	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.006	0.006	Antimony	1074	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.004	0.004	Beryllium	1075	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.2	Cyanide	1024	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL		Nickel*	1036	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.002	Thallium	1085	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL		Sodium*	1052	_____	_____	<input type="checkbox"/>	<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)
 *Unregulated Contaminants
 DWAR 2POU: Revised 8/2008