



# INORGANIC CHEMICALS (IOC's) IN DRINKING WATER

State Form 53285 (6-07)  
 Indiana Department of Environmental Management (IDEM)  
 Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

Lab Received:      QA Review Date:      Report Date:      Lab Report Number:

For Laboratory Use Only => (Write dates as MM/DD/YY)

PWSID: **I N**      System Name:

Main Lab Certification:      Main/Contracted Laboratory Name:

Testing Lab ID:      Lab Contact Person:      Contact Phone No:

Collection Date (MM/DD/YY):      Sample ID:      POE:      Sampling Site/Location:

Regulated IOCs	Comp ID#	Compound Name	Analysis Date (MM.DD.YY)	Approved Method **	Result (mg/L)	Detection Level	BDL	MCL (mg/L)
	1074	Antimony						<input type="checkbox"/>
1005	Arsenic						<input type="checkbox"/>	0.010
1010	Barium						<input type="checkbox"/>	2.0
1075	Beryllium						<input type="checkbox"/>	0.004
1015	Cadmium						<input type="checkbox"/>	0.005
1020	Chromium						<input type="checkbox"/>	0.1
1024	Cyanide (Free)						<input type="checkbox"/>	0.2
1025	Fluoride (Adjusted)						<input type="checkbox"/>	2.0
1025	Fluoride (Natural)						<input type="checkbox"/>	4.0
1035	Mercury						<input type="checkbox"/>	0.002
1036	Nickel						<input type="checkbox"/>	0.1
1045	Selenium						<input type="checkbox"/>	0.05
1085	Thallium						<input type="checkbox"/>	0.002
1094	Asbestos						<input type="checkbox"/>	7. MFL

1055	Sulfate						<input type="checkbox"/>	(No MCL)
1052	Sodium						<input type="checkbox"/>	(No MCL)

<p><b>Other Information :</b></p> <p>Does the system chlorinate its water?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Was the sample dechlorinated at the lab?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Was this information sent to IDEM by the lab?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>Preservative Used:</b></p> <p><input type="checkbox"/> Iced</p> <p><input type="checkbox"/> HNO3</p> <p><input type="checkbox"/> NaOH</p> <p><input type="checkbox"/> Other: _____</p>
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I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by: \_\_\_\_\_