

Appendix A

Chapter 10: Disinfectants and Disinfection Byproduct Rule

Laboratory Reporting Forms

- DBP's
- TOC
- Chlorite
- Bromate



Illinois
Environmental Protection Agency

Water System Name: _____

Water System Number: _____

Analysis Report Form

-Water System Section-

Water System Name: _____

Water System Number: _____

-Sampling Point Section-

WSF State Asgn ID: _____ / Descript.: _____

Sampling Point: _____ / Descript.: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)** **Raw (RW)**

- Required Sampling at Sample Point _____ -

Analyte Group Code: **THM_HAA**

w/ Units of Measurement*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
CHLOROFORM	2941			
DICHLOROBROMOMETHANE	2943			
CHLORODIBROMOMETHANE	2944			
BROMOFORM	2942			
MONOCHLOROACETIC ACID	2450			
DICHLOROACETIC ACID	2451			
TRICHLOROACETIC ACID	2452			
MONOBROMOACETIC ACID	2453			
DIBROMOACETIC ACID	2454			



Illinois Environmental Protection Agency

Water System Name: _____

Water System Number: _____

-Laboratory Section-

Laboratory State ID Number: _____

Laboratory Name: _____

Lab Sample Number: _____

Date Lab Rcpt.: _____

Complete Date: _____

Complete Time: _____

Comments (Data Quality Issues): _____

Mail Results to: Illinois Environmental Protection Agency
Drinking Water Compliance Unit, Mailstop #19
1021 North Grand Avenue East, P.O. 19276
Springfield, IL 62704-9276

Questions Call: (217) 785-0561

Fax: (217) 557-1407

Signature of Analyst or Official _____

Date Forwarded _____

* See List of Permitted Values

The Agency is authorized to require this information under Illinois Revised Statute, 1987, Chapter 111 1/2, Section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues; a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



Illinois
Environmental Protection Agency

Water System Name: _____ Water System Number: _____

Analysis Report Form

-Water System Section-

Water System Name: _____

Water System Number: _____

-Sampling Point Section-

WSF State Asgn ID: TOCRAW / Descript.: _____

Sampling Point: TOCRAW / Descript.: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name, Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Raw (RW)**

- Required Sampling at Sample Point TOCRAW -

Analyte Group Code: **TOCA**

w/ Units of Measurement*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
ALKALINITY, TOTAL	1927			
CARBON, TOTAL ORGANIC (TOC)	2920			



Illinois Environmental Protection Agency

Water System Name: _____

Water System Number: _____

-Laboratory Section-

Laboratory State ID Number: _____

Laboratory Name: _____

Lab Sample Number: _____

Date Lab Rcpt: _____

Complete Date: _____

Complete Time: _____

Comments (Data Quality Issues):

Mail Results to: Illinois Environmental Protection Agency
Drinking Water Compliance Unit, Mailstop #19
1021 North Grand Avenue East, P.O. 19276
Springfield, IL 62704-9276

Questions Call: (217) 785-0561

Fax: (217) 557-1407

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Date Forwarded _____

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Illinois
Environmental Protection Agency

Water System Name: _____ Water System Number: _____

-Sampling Point Section-

WSF State Asgn ID: _____ / Descript.: _____

Sampling Point: _____ / Descript.: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)**

- Required Sampling at Sample Point _____ -

Analyte Group Code: **TOC** w/ Units of Measurement*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
CARBON, TOTAL ORGANIC (TOC)	2920			



Program: Chlorite (DBPs)

Analysis Report Form

-Water System Section-

Water System Name: _____

Sampling Period: _____

Water System Number: IL _____

-Sampling Point Section-

WSF State Asgn ID: DISTRIBUTION / Description: _____

Sampling Point: DBP MAX Description: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)** **Raw (RW)** **Distribution (DS)**

- Required Sampling at Sample Point -- DBP MAX

Analyte	Analyte Code	Method Code*	w/ Units of Measurement*	
			Lab Reporting Level	Concentration
CHLORITE	1009			



-Laboratory Section-

Laboratory State ID Number: _____
Laboratory Name: _____
Lab Sample Number: _____
Date Lab Rcpt : _____
Complete Date: _____
Complete Time: _____
Comments (Data Quality Issues): _____

Mail Results to: Illinois Environmental Protection Agency
Drinking Water Compliance Unit, Mailstop #19
1021 North Grand Avenue East, P.O. 19276
Springfield, IL 62794-9276

Questions Call: (217) 785-0561
Fax: (217) 557-1407

Signature of Analyst or Official _____
Date Forwarded _____

*** See List of Permitted Values**

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Analysis Report Form

-Water System Section-

Water System Name: _____
 Sampling Period: _____
 Water System Number: IL _____

-Sampling Point Section-

WSF State Asgn ID: DISTRIBUTION / Description: _____
 Sampling Point: LD_CLO3 / Description: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)** **Raw (RW)** **Distribution (DS)**

- Required Sampling at Sample Point LD_CLO3 -

Analyte	Analyte Code	Method Code*	w/ Units of Measurement*	
			Lab Reporting Level	Concentration
CHLORITE	1009			



-Laboratory Section-

Laboratory State ID Number: _____

Laboratory Name: _____

Lab Sample Number: _____

Date Lab Rcpt: _____

Complete Date: _____

Complete Time: _____

Comments (Data Quality Issues): _____

**Mail Results to: Illinois Environmental Protection Agency
Drinking Water Compliance Unit, Mailstop #19
1021 North Grand Avenue East, P.O. 19276
Springfield, IL 62794-9276**

Questions Call: (217) 785-0561

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Analysis Report Form

-Water System Section-

Water System Name: _____

Sampling Period: _____

Water System Number: IL _____

-Sampling Point Section-

WSF State Asgn ID: DISTRIBUTION / Description: _____

Sampling Point: MD_CLO3 / Description: _____

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)** **Raw (RW)** **Distribution (DS)**

- Required Sampling at Sample Point MD_CLO3

Analyte	Analyte Code	Method Code*	w/ Units of Measurement*	
			Lab Reporting Level	Concentration
CHLORITE	1009			



-Laboratory Section-

Laboratory State ID Number: _____

Laboratory Name: _____

Lab Sample Number: _____

Date Lab Rcpt.: _____

Complete Date: _____

Complete Time: _____

Comments (Data Quality Issues): _____

Mail Results to: Illinois Environmental Protection Agency
Drinking Water Compliance Unit, Mailstop #19
1021 North Grand Avenue East, P.O. 19276
Springfield, IL 62794-9276

Questions Call: (217) 785-0561

Fax: (217) 557-1407

Signature of Analyst or Official _____

Date Forwarded _____

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Program: Bromide/ Bromate (DBPs)

Analysis Report Form

-Water System Section-

Water System Name: _____

Sampling Period: _____

Water System Number: IL _____

-Sampling Point Section-

WSF State Asgn ID: TP _____ / Description: _____

Sampling Point: TP _____ / Description: TREATMENT PLANT - FINISHED

Collection Date (MMDDYYYY): _____

Collection Time: _____

Sample Collector Name Telephone No.: _____

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)** **Raw (RW)** **Distribution (DS)**

- Required Sampling at Sample Point TP01 -

Analyte	Analyte Code	Method Code*	w/ Units of Measurement*	
			Lab Reporting Level	Concentration
BROMATE	1011			



-Laboratory Section-

Laboratory State ID Number: _____

Laboratory Name: _____

Lab Sample Number: _____

Date Lab Rcpt.: _____

Complete Date: _____

Complete Time: _____

Comments (Data Quality Issues): _____

Mail Results to: Illinois Environmental Protection Agency
Drinking Water Compliance Unit, Mailstop #19
1021 North Grand Avenue East, P.O. 19276
Springfield, IL 62794-9276

Questions Call: (217) 785-0561

Fax: (217) 782-0075

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