Appendix A

Chapter 4 Lead/Copper Rule Laboratory Reporting Forms

- Water Quality Sample Certified Laboratory Form (*Pg. A-2*)
- Lead/Copper Certified Laboratory Form (Pg. A-3)
- Source Water Certified Laboratory Form (*Pg. A-4*)

If your supply participates in the Community Water Supply Testing Fund (CWSTF), sample containers and the laboratory reporting forms will be sent to your supply prior to the monitoring period.

If your supply does <u>not</u> participate in the CWSTF, it is your responsibility to have all testing completed by an Illinois EPA certified laboratory. These forms must be submitted within 10 days after the end of a monitoring period.

WATER QUALITY SAMPLES (WQS) ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in <u>all</u> information.

Facility No.	Facility Name					
Date Collected		Tim	e Collected			
Sample Collector						
Contact Name: Contact Telephone()						
Sample Location Type (circle one):	ENTRY POINT Sample OR	DISTR	IBUTION Sample			
Sample Location	coliform sample site number. If ion.	entry point	sample include treatment app	olication		
FIELD WATER TEMPERATURE	FIELD PH	Uni	ts			
Circle all added corrosion inhibito be circled: None Orthophosp Other:	rs. If water is purchased, ALL hate Polyphosphate Blende					
-This section is to be completed by the	ne Laboratory-					
Lab Certification No.	Laboratory	Name				
Date Received	Time Recei	ived				
Sample No.	Date Analy	zed				
PARAMETER	RESULT		USEPA METHOD#			
pH (1925)		Units				
Alkalinity (1927)		mg/l				
Calcium (1919)		mg/l				
Conductivity (1064)		um/cm				
Silica (1049)		mg/l				
Orthophosphate (1044)		mg/l	-			
Date Forwarded	Signature of Analyst or Offi	cial				

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$1,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

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LEAD/COPPER ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in <u>all</u> information.

1.	Facility No.	Facility Name				
2.	Sample Site No.	(Seven digit assigned number from Pb/Cu Approved Site Plan)				
3.	Site Address	4. Date Collected				
5.	Sample Collector					
6.	Contact Name:	Contact Telephone ()				
COI LEA	TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.					
Sign	nature of Sample Coll	ector OR a Water Supply Official				
1. 2. 3. 4. 5. 6. Cop	 The seven digit state assigned number from your Pb/Cu Approved Site Plan. Address of where the sample was collected. Indicate month, day and year when sample was collected. Give name of sample collector. 					
-Thi	s section is to be comp	leted by the Laboratory-				
I	Lab Certification No.	Laboratory Name				
Ι	Date Received Time Received					
S	Sample No Date Analyzed					

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
Copper (1022)				ug/l

Date Forwarded _____ Signature of Analyst or Official

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 1112, Section 1019. 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 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



LEAD/COPPER SOURCE WATER REPORT FORM

This section is to be completed by public water supply official. Please fill in <u>all</u> information.

1. Facility No	Facility No Facility Name						
2. Sample Location	Sample Location						
3. Date Collected	Date Collected4. Sample Collector's Name						
5. Contact Person	5. Contact Person Telephone No _()						
Sample Description: This sample must be collected from the entry point into the distribution system after all treatment (finished water).							
	Purchase Water?: YES NO (Circle One):						
If YES, we purchase from If NO, this sample of water represents water coming from treatment application point number (TP) which represents raw source (well number or surface source).							
Copies of this analysis report form <u>and</u> copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of your sampling period.							
Illinois Environmental Protection Agency BOW/Drinking Water Compliance Unit #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276							
-This section is to be completed by the Laboratory-							
Lab Certification No Laboratory Name							
Date Received	Date Received Time Received						
Sample No Date Analyzed							
Parameter	USEPA Method	Reporting Limit ug/l	Result	Units			
Lead (01051)				ug/l			
Copper (01042)				ug/l			
Date Forwarded Signature of Analyst or Official							

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$1,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.