



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: _____ / Descrpt.: _____

Sampling Point: _____ / Descrpt.: _____

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			



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
2520 West Iles Avenue, 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**

This Agency is authorized to require this information under Illinois Revised Statutes, 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.