

Water System Name:	Water System Number:
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## **Analysis Report Form**

-W2	ater System Section-		
Water System Name:			
Water System Number:			
Collection Date (MMDDYYYY):	ction Time:	Time:	
If Composite Sample, List Sample Numbers an			
1. # 2. #	3. #	4. #	
Date / / Date /	3. # Date / /	Date / /	
Sample Purpose (Circle One): Routi Sample Type (Circle One): Finish -Sam	. ,		
WSF State Asgn ID: Descrpt.:			
	nt: Descrpt.:		
Sampling Point:	Descrpt.:		
	ampling at Sample Poin		
	ampling at Sample Poin	nt	centration
- Required S	ampling at Sample Poin	nt  Required Con	centration pCi/L
- Required S <u>Analyte Group Code:</u> RADs With Ura	ampling at Sample Poin	nt  Required Con	
- Required S  Analyte Group Code: RADs With Ura  Analyte Analyte C	ampling at Sample Poin	nt  Required Con	
Analyte Group Code: RADs With Ura Analyte Analyte Analyte C URANIUM, COMBINED 4006	ampling at Sample Poin	nt  Required Con	
Analyte Group Code: RADs With Ura Analyte Analyte Analyte C  URANIUM, COMBINED 4006  RADIUM, COMBINED (226, 228) 4010	ampling at Sample Poin	nt  Required Con	



Water System Name:		Water System Number:
	-Laboratory	Section-
Labor	atory State ID Number:	
	Laboratory Name:	
	Lab Sample Number:	
	Date Lab Rcpt.:	
	Complete Date:	<u></u>
	Complete Time:	<u></u>
Comment	s (Data Quality Issues):	
Mail Results to:	Illinois Environmental Protection Agency Drinking Water Compliance Unit, Mailst 2520 West Iles Avenue, P.O. 19276 Springfield, IL 62704-9276	
Questions Call: (21	7) 785-0561	
Fax: (217) 557-140	7	
_	nalyst 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.