



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)**



Water System Name: _____

Water System Number: _____

- Required Sampling at Sample Point _____ -

Analyte Group Code: **SOC**

Analyte	Analyte Code	Method Code*	w/ Units of Measurement*	
			Lab Reporting Level	Concentration
ENDRIN	2005			
BHC-GAMMA (LINDANE)	2010			
METHOXYCHLOR	2015			
TOXAPHENE	2020			
DALAPON	2031			
DIQUAT	2032			
ENDOTHALL	2033			
DI(2-ETHYLHEXYL) - ADIPATE	2035			
OXAMYL (VYDATE)	2036			
SIMAZINE	2037			
DI(2-ETHYLHEXYL) - PHTHALATE	2039			
PICLORAM	2040			
DINOSEB	2041			
HEXACHLOROCYCLOPENTADIENE	2042			
ALDICARB SULFOXIDE	2043			
ALDICARB SULFONE	2044			
CARBOFURAN	2046			
ALDICARB	2047			
ATRAZINE	2050			
ALACHLOR (LASSO)	2051			
HEPTACHLOR	2065			
HEPTACHLOR EPOXIDE	2067			
DIELDRIN	2070			
2,4-D	2105			
2,4,5-TP (SILVEX)	2110			
HEXACHLOROBENZENE	2274			
BENZO (A) PYRENE	2306			
PENTACHLOROPHENOL	2326			
ALDRIN	2356			
POLYCHLORINATED BIPHENYLS (PCB)	2383			
TOTAL DDT	2775			
DIBROMOCHLOROPROPANE (DBCP)	2931			
ETHYLENE DIBROMIDE (EDB)	2946			
CHLORDANE	2959			



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
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.