



Water System Name: \_\_\_\_\_

Water System Number: \_\_\_\_\_

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## Analysis Report Form

### **-Water System Section-**

Water System Name: \_\_\_\_\_

Water System Number: \_\_\_\_\_

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### **-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: \_\_\_\_\_

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**- Required Sampling at Sample Point \_\_\_\_\_ -**

Analyte Group Code: **SOCG**

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			
GLYPHOSATE	2034			
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.