



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: TOCRAW / Descript.: \_\_\_\_\_

Sampling Point: TOCRAW / 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): **Raw (RW)**

### - Required Sampling at Sample Point TOCRAW -

Analyte Group Code: **TOCA**

w/ Units of Measurement\*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
ALKALINITY, TOTAL	1927			
CARBON, TOTAL ORGANIC (TOC)	2920			



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)**

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

Analyte Group Code: **TOC**

w/ Units of Measurement\*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
CARBON, TOTAL ORGANIC (TOC)	2920			



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

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

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**-Laboratory Section-**

Laboratory State ID Number: \_\_\_\_\_

Laboratory Name:

Lab Sample Number: \_\_\_\_\_

Date Lab Rcpt.: \_\_\_\_\_

Complete Date: \_\_\_\_\_

Complete Time: \_\_\_\_\_

Comments (Data Quality Issues):  
\_\_\_\_\_

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**Mail Results to: Illinois Environmental Protection Agency  
Drinking Water Compliance Unit, Mailstop #19  
1021 North Grand Avenue East, P.O. 19276  
Springfield, IL 62704-9276**

**Questions Call: (217) 785-0561**

**Fax: (217) 557-1407**

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Signature of Analyst or Official \_\_\_\_\_

Date Forwarded

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**\* 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.