



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			

**Illinois  
Environmental Protection Agency**

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)****- Required Sampling at Sample Point \_\_\_\_\_ -**Analyte Group Code: **TOC**

w/ Units of Measurement\*

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