





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  
1021 North Grand Avenue East, 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.