



VOLATILE ORGANIC CHEMICAL (VOC) ANALYSIS REPORT FORM

To be completed by Water Supply Operator or Official. Please fill in all information

1. Facility No. _____	Facility Name _____
2. Tap No. _____	3. Well No. or WTP _____
4. Sample Location _____	
5. Date Collected _____	6. Time Collected _____
7. Sample Collector _____	8. Telephone No (____) - _____
9. Sample Purpose (circle one): Routine (1) Special(5) Replacement(3) Check(2)	
10. Sample Type (circle one):** Raw(R) Finished (F) Distribution(D)	

**Samples for compliance must be taken at the entry point to the distribution system (after any treatment). Raw or distribution samples will not be used for compliance or to meet monitoring requirements.

Instructions

1. Give the seven-digit number identifying your supply as well as the name.
2. The TAP number is indicated on the Sample Demand Letter.
3. Indicate well number or treatment plant represented by the TAP number.
4. Give the specific location where sample was collected.
5. Indicate month, day and year when sample was collected.
6. Give time, including AM or PM.
7. Give name(s) of collector.
8. Give telephone number, including area code, where the collector or water supply official can be reached.
9. Circle the appropriate sample purpose.
10. Circle sample type (note, compliance samples **must** be from the finished water).

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of your sampling period.

Illinois Environmental Protection Agency
 Drinking Water Compliance Unit
 Compliance Assurance Section #19
 Bureau of Water
 2520 West Iles Avenue
 Springfield, IL 62794-9276

If you have questions call (217) 785-0561.

To Be Completed By Laboratory. Please fill in all information

Mail this Report To:
 IL EPA/BOW/DWCU Mailcode 19
 2520 West Iles Ave
 Springfield, IL 62794-9276

Laboratory Name _____
 Lab Certification No. _____
 Date Received _____ Time Received _____
 Sample No. _____ Date Analyzed _____
 *Note: Method Detection Limit Must Be Less Than or Equal To 0.5 ug/l.
 Results Will Not Be Accepted Otherwise.

		USEPA Method No. Used	Reporting Limit (ug/l)*	Result (ug/l)	Check if Parameter is Detected in Blank
Benzene	2990				
Carbon Tetrachloride	2982				
1,2-Dichloroethane	2980				
1,1-Dichloroethylene	2977				
para-Dichlorobenzene	2969				
1,1,1-Trichloroethane	2981				
Trichloroethylene	2984				
Vinyl Chloride	2976				

		USEPA Method No. Used	Reporting Limit (ug/l)*	Result (ug/l)	Check if Parameter is Detected in Blank
Monochlorobenzene	2989				
o-Dichlorobenzene	2968				
cis-1,2-Dichloroethylene	2380				
trans-1,2-Dichloroethylene	2979				
1,2-Dichloropropane	2983				
Ethylbenzene	2992				
Styrene	2996				
Tetrachloroethylene	2987				
Toluene	2991				
Total Xylene	2955				

		USEPA Method No. Used	Reporting Limit ug/l*	Result (ug/l)	Check if Parameter is Detected in Blank
Dichloromethane	2964				
1,1,2-Trichloroethane	2985				
1,2,4-Trichlorobenzene	2378				
Methyl Tert-Butyl Ether (MTBE)	2251				

*Must be 0.5 ug/l or less

Date Forwarded _____ Signature of Analyst or Official _____

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.