

WATER QUALITY SAMPLES (WQS) ANALYSIS REPORT FORM

FACILITY NO. _____ NAME _____

CONTACT PERSON _____ PHONE NO (____) _____ -

DATE COLLECTED _____ TIME COLLECTED _____

SAMPLE COLLECTOR'S NAME _____

SAMPLE LOCATION TYPE (circle one): ENTRY POINT Sample DISTRIBUTION Sample

SAMPLE COLLECTION LOCATION _____ If distribution sample, use address or bacti sample site number. If entry point sample include treatment application point (TAP) number and identify location.

FIELD WATER TEMPERATURE _____ °C FIELD PH _____ Units

Circle all added corrosion inhibitors. If water is purchased, ALL inhibitors being added by the parent supply MUST be circled:

None(1) Orthophosphate(03) Polyphosphate(05) Blended Phosphate(04)

Silica(02) Calcium Carbonate(06) Other: _____

TO BE FILLED OUT BY CERTIFIED LABORATORY

LAB NAME OR PERSON PERFORMING ANALYSIS _____

CERTIFICATION NO. (If Applicable) _____ LAB SAMPLE NO _____

DATE RECEIVED _____ DATE ANALYZED _____

| PARAMETER | RESULT | USEPA METHOD# |
|----------------------|--------|---------------|
| pH (00403) | Units | |
| Alkalinity (00410) | mg/l | |
| Calcium (00916) | mg/l | |
| Conductivity (00095) | um/cm | |
| Silica (00956) | mg/l | |
| Phosphate-T (00650) | mg/l | |
| Phosphate-P (00655) | mg/l | |
| Phosphate-O (00660) | mg/l | |

DATE FORWARDED _____

SIGNATURE OF ANALYST OR OFFICIAL _____

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 111½, Section 1019. 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 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.