JB Pritzker, Governor

James Jennings, Acting Director

## Water Quality Parameter Sample Reporting Form

| the information be<br>EPA / BOW / CAS | S #19, 2520 West   | Iles Avenue, P.O. Box 192                                | 276, Springfield, II      | <u>copper@illinois.gov</u> or Illinois<br>linois 62794-9276. If you have |
|---------------------------------------|--------------------|--|---------------------------|--|
| DILICAL                               |                    | ase call the Lead/Copper C                               |                           | 524-4655.  |
|                                       |                    |  |                           |  |
| <br>T- 11- D-4                        |                    |  |                           |  |
| ease enter the following              | ng information for | the WQP samples taken:                                   |                           |  |
| Sample Location                       | Sample Date        | Parameter Sampled (pH,<br>Alkalinity,<br>Orthophosphate) | Result<br>(Include Units) | Sampling Equipment Used  |
|                                       |                    |  |                           |  |
|                                       |                    |  |                           |  |
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|                                       |                    |  |                           |  |
|                                       |                    |  |                           |  |
|                                       |                    | vner, Administrative Co                                  |                           | al Custodian methods and all listed sample                               |
|                                       |                    | lity Parameter samples listed                            |                           | and an instead sample  |
| Signature                             |                    |  | Date                      |  |
| Printed Name                          |                    |  | Title                     |  |

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