

Formatting Requirements for the 01 Record of the Electronically Submitted  
Groundwater and Leachate Data (the 01 Record portion of the LPC-160 is included  
for example purposes)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
CHEMICAL ANALYSIS FORM

Page 1 of \_\_\_\_\_

RECORD CODE						TRANS CODE	
L	P	C	S	M	0	1	A
1					7		8
REPORT DUE DATE _____ / _____ / _____							
36 M D Y 41							

FEDERAL ID NUMBER \_\_\_\_\_

SITE INVENTORY NUMBER _____	MONITOR POINT NUMBER _____
9 _____ 18	(see Instructions) 19 _____ 22
REGION _____ CO. _____	DATE COLLECTED _____ / _____ / _____
	23 M D Y 28
FACILITY NAME _____	

FOR IEPA USE ONLY

LAB \_\_\_\_\_  
29

DATE RECEIVED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
42 M D Y 47

BACKGROUND SAMPLE (X) \_\_\_\_\_ 54 TIME COLLECTED \_\_\_\_\_ : \_\_\_\_\_  
(24 Hr. Clock) 55 11 M 58

UNABLE TO COLLECT SAMPLE \_\_\_\_\_ 59

MONITOR POINT SAMPLED BY \_\_\_\_\_ 60  
(see Instructions)

OTHER (SPECIFY) \_\_\_\_\_

SAMPLE FIELD FILTERED - INORGANICS (X) \_\_\_\_\_ 61 ORGANICS (X) \_\_\_\_\_ 62

SAMPLE APPEARANCE \_\_\_\_\_ 63  
\_\_\_\_\_ 102

COLLECTOR COMMENTS \_\_\_\_\_ 103  
\_\_\_\_\_ 142

LAB COMMENTS \_\_\_\_\_ 150  
\_\_\_\_\_ 199

II 532 1213  
LPC 160 12/2011

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 ½, Section 1004 and 1021. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 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.

All analytical procedures must be performed in accordance with the methods contained in "Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods," SW-846, 3<sup>rd</sup> Edition, September 1986 or equivalent methods approved by the Agency. Proper sample chain of custody control and quality assurance/quality control procedures must be maintained in accordance with the facility sampling and analysis plan.

\*Only Keypunch with Data in Column 35 or Columns 38-47

**KEY:**

<u>Spaces Numbered</u>	<u>Description</u>	<u>Format</u>
Spaces 1-7	Record Code	LPCSM01
Space 8	Trans Code	A
Spaces 9-18	Site ID	0000000000
Spaces 19-22	Mon Pt ID	G000
Spaces 23-28	Date Collected	000000
Space 29	Lab	
Spaces 30-35	Filler	
Spaces 36-41	Report Due Date	000000
Spaces 42-47	Date Received	000000
Spaces 48-53	Filler 2	
Space 54	Background Sample	
Spaces 55-58	Time Collected	0000
Space 59	Unable to Collect Sample	
Space 60	Monitoring Point Sampled By	
Space 61	Field Filtered – Inorganic	
Space 62	Field Filtered – Organic	
Spaces 63-102	Sample Appearance	
Spaces 103-142	Collector Comments	
Spaces 143-149	Filler 3	
Spaces 150-159	Lab Comments	