



Water System Name: \_\_\_\_\_

Water System Number: \_\_\_\_\_

## Analysis Report Form

### -Water System Section-

Water System Name: \_\_\_\_\_

Water System Number: \_\_\_\_\_

### -Sampling Point Section-

WSF State Asgn ID: \_\_\_\_\_ / Descrpt.: \_\_\_\_\_

Sampling Point: \_\_\_\_\_ / Descrpt.: \_\_\_\_\_

Collection Date (MMDDYYYY): \_\_\_\_\_

Collection Time: \_\_\_\_\_

Sample Collector Name Telephone No.: \_\_\_\_\_

Sample Purpose (Circle One): **Routine (RT)** **Repeat (RP)** **Special (SP)**

Sample Type (Circle One): **Finished (FN)** **Raw (RW)**

### - Required Sampling at Sample Point \_\_\_\_\_ -

Analyte Group Code: **THM\_HAA**

w/ Units of Measurement\*

Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentration
CHLOROFORM	2941			
DICHLOROBROMOMETHANE	2943			
CHLORODIBROMOMETHANE	2944			
BROMOFORM	2942			
MONOCHLOROACETIC ACID	2450			
DICHLOROACETIC ACID	2451			
TRICHLOROACETIC ACID	2452			
MONOBROMOACETIC ACID	2453			
DIBROMOACETIC ACID	2454			



# 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.