## Analysis Report Form

### -Water System Section-

Water System Name: ____________________________  
Water System Number: ________________

### -Sampling Point Section-

WSF State Asgn ID: ____________________________  
Sampling Point: ____________________________  
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 _______ -

<table>
<thead>
<tr>
<th>Analyte Group Code</th>
<th>Single Analytes</th>
<th>w/ Units of Measurement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyte</td>
<td>Analyte Code</td>
<td>Method Code*</td>
</tr>
<tr>
<td>NITRATE (AS N)</td>
<td>1040</td>
<td></td>
</tr>
</tbody>
</table>
-Laboratory Section-

Laboratory State ID Number: ___________________

Laboratory Name: ___________________

Lab Sample Number: ___________________

Date Lab Rcept.: ___________________

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.