## Analysis Report Form

### -Water System Section-

Water System Name: ______________________________________

Water System Number: ____________

### -Sampling Point Section-

WSF State Asgn ID: TOCRAW / Descrpt.: ________________________

Sampling Point: TOCRAW / 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): Raw (RW)

### - Required Sampling at Sample Point TOCRAW -

<table>
<thead>
<tr>
<th>Analyte Group Code</th>
<th>Analyte Code</th>
<th>w/ Units of Measurement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALKALINITY, TOTAL</td>
<td>1927</td>
<td></td>
</tr>
<tr>
<td>CARBON, TOTAL ORGANIC (TOC)</td>
<td>2920</td>
<td></td>
</tr>
</tbody>
</table>
TOC AND ALKALINITY

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)

- Required Sampling at Sample Point ___________ -

<table>
<thead>
<tr>
<th>Analyte Group Code</th>
<th>Analyte Code</th>
<th>Method Code*</th>
<th>Lab Reporting Level</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBON, TOTAL ORGANIC (TOC)</td>
<td>2920</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
-Laboratory Section-

Laboratory State ID Number:  

Lab Sample Number:  

Date Lab Rept.:  

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.