SOURCE WATER SAMPLE

LEAD/COPPER CHEMICAL ANALYSIS REPORT FORM

To be completed by public water supply official

Facility No.

Facility Name

Sample Collector's Name

Contact Person __________________________ Phone (___)

Sample description
- This sample must be collected from the entry point into the distribution system after all treatment (finished water).

Date of Sample Collection

Sample Location

Purchase water? Yes No (Circle one)

If yes, we purchase from

If no, this sample of water represents water coming from treatment application point number ________ which represents raw source ____________ (well number or surface source).

TO BE FILLED OUT BY CERTIFIED LABORATORY

LABORATORY NAME __________ CERTIFICATION NO. __________

METHOD USED _______________ DATE RECEIVED _______________

LAB SAMPLE NO. _______________ DATE ANALYZED _______________

PARAMETER RESULT DETECTION LIMIT

LEAD (01051) _______ug/l _______ug/l

COPPER (01042) _______ug/l _______ug/l

DATE FORWARDED

SIGNATURE OF ANALYST OR OFFICIAL

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 111/9, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $15,000.00 and an additional civil penalty up to $1,000.00 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.
LEAD/COPPER CHEMICAL ANALYSIS REPORT FORM

TO BE FILLED OUT BY WATER SUPPLY OFFICIAL

FACILITY NO. __________________ FACILITY NAME:

SAMPLE SITE NO. __________________ (Seven digit state assigned number)

CONTACT PERSON __________________ PHONE NO. (     ) —

TO BE FILLED OUT BY SAMPLE COLLECTOR

DATE OF COLLECTION

SAMPLE COLLECTOR'S NAME __________________ ADDRESS:

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

SIGNATURE OF SAMPLE COLLECTOR OR WATER SUPPLY OFFICIAL

TO BE FILLED OUT BY CERTIFIED LABORATORY

LABORATORY NAME __________________ CERTIFICATION NO.

METHOD USED __________________ DATE RECEIVED

LAB SAMPLE NO. __________________ DATE ANALYZED

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>RESULT</th>
<th>DETECTION LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEAD (01051)</td>
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<td>_____ ug/l</td>
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DATE FORWARDED

SIGNATURE OF ANALYST OR OFFICIAL

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 111B, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $50,000.00 and an additional civil penalty up to $1,000.00 each day the failure continued, a fine up to $1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.