

Illinois SWDA Form

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Sample ID # _____
Facility Name _____

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PWS ID

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Test Analysis (**Circle or Write-in**)

Total Coliform - Readycult Contaminate ID: TCR Readycult 3100					
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Sample Type: (Check one)	Routine	upstream downstream original random	Free Chlorine		Total Chlorine	
	Repeat (circle one->)					
	Special					

Sample date: Month	Day	Year	Sample Time: Hour	Min

Facility ID _____ Sampling Point ID (use facility ID, if there is no # assigned) _____

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Sample Collection Location

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Sample Collector (last name, first name)

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Client Signature _____ Lab Signature _____

Date _____ Time _____ Date _____ Time _____

Results -----

Analysis Date:	Analysis Time:	Analysis Result Absent Present
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