



PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

January 24, 2018

Scott Sallese
GALENA TERRITORY -OAKWOOD
15124 N 850 East Rd
Oakwood, IL 61858

Dear Scott Sallese:

Please find enclosed the analytical results for the sample(s) the laboratory received on **1/18/18 9:50 am** and logged in under work order **8012822**. All testing is performed according to our current TNI certifications unless otherwise noted. This report cannot be reproduced, except in full, without the written permission of PDC Laboratories, Inc.

If you have any questions regarding your report, please contact your project manager. Quality and timely data is of the utmost importance to us.

PDC Laboratories, Inc. appreciates the opportunity to provide you with analytical expertise. We are always trying to improve our customer service and we welcome you to contact the Vice President, John LaPayne with any feedback you have about your experience with our laboratory.

Sincerely,

Daisys Matthews
Microbiology Section Supervisor
lpdtm
dmatthews@pdclab.com





ANALYTICAL RESULTS

Sample: 8012822-01	Residual Chlorine: Free = 1.40 mg/L Total = NA
Name: 10101-02 - 106 SCOTT STREET	Sample Purpose: RT
Site: 10101-02	Replacement Indicator: NA
Facility: GALENA TERRITORY -OAKWOOD	Original Sample No: NA
Facility #: IL1830600	Rejection Reason: NA
Sampled: 01/17/18 09:00	Comment: NA
Sampler: Bob Johnson	

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
<u>Microbiology - PIA</u>						
Total coliform bacteria	Absent			01/19/18 07:40	AEH	SM 9223B*
E. coli	Absent			01/19/18 07:40	AEH	SM 9223B*
Opinion (Coliform)	Satisfactory			01/19/18 07:40	AEH	SM 9223B*



NOTES

Specific method revisions used for analysis are available upon request.

Certifications

CHI - McHenry, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100279
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17556

PIA - Peoria, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553
Missouri Department of Natural Resources Certificate of Approval for Microbiological Laboratory Service No. 870
Drinking Water Certifications: Iowa (240); Kansas (E-10338); Missouri (870)
Wastewater Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338)
Hazardous/Solid Waste Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

SPMO - Springfield, MO

USEPA DMR-QA Program

STL - St. Louis, MO

TNI Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 171050
Drinking Water Certifications: Missouri (1050)
Missouri Department of Natural Resources

* Not a TNI accredited analyte

Certified by: Daisys Matthews, Microbiology Section Supervisor



PDC Laboratories.

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Peoria, IL 61615

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Email: delifford@pdclab.com

8012822-10/10

Laboratory Certification Number: 17553

Date and Time in Lab: 1/18/18 - 9:50 am

Date and Time: 1/18/18 - : : am/pm

1. Public Water Supply Name: <u>GALENA TERRITORY - OAKWOOD</u>	7. Date Collected: <u>1-17-18</u>
2. Facility Number: <u>1830600</u>	8. Sample Collector: <u>BOB JOHNSON</u>
3. Email Report to: <u>SASALLESE@UIWATER.COM</u>	9. Sample Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Boil Order <input type="checkbox"/> Replacement (too old, broken, etc.) <input type="checkbox"/> New Construction # _____ <input type="checkbox"/> Repair or Tower <input type="checkbox"/> Other
4. Surface Supply: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repeat (failed sample) <input type="checkbox"/> Invalid Sample Replacement <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____
5. Mail Report to: Name <u>N/A</u> Address _____ City _____ State _____ Zip _____	Method: <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Colilert <input type="checkbox"/> Q Tray
6. Contact person for unsatisfactory routine samples: Name: <u>Scott SALLESE</u> Office (_____) _____ Cell (<u>219</u>) <u>242</u> - <u>6159</u> Please call PDC (309) 683-1765 for new construction results	

10. Bacteriological Samples				*Lab Use Only				
Bottle # Sample Site # Address - Repeat Samples Only	Sample Type R/D/F	Time Collected	Free Total Residual Chlorine (circle)	*11. Colonies Read	*12. Total Coliform	*13. E. Coli	*14. Opinion	*15. Laboratory Sample No.
<u>04759</u>	<u>10101-02</u>	<u>D</u>	<u>9:00AM</u>	<u>1.40</u>				

Complete report must be retained for a minimum of 5 years

Reported by: _____
Date: ____/____/____

Comments:

DPWS Notification for Unsatisfactory Results
Person Notified: _____
Date: ____/____/____

No. of Bottles Sent: _____
Date Bottles Sent: ____/____/____

**SAMPLES MUST REACH LAB WITHIN 24 HOURS
AFTER COLLECTION (and be set within 30 hours)**

- Reason for Replacement:
- Samples more than 30 hours old
 - No Date/Time of Collection
 - Laboratory Accident
 - Other

**Relinquished By: _____ Date & Time ____/____/____ - ____:____:____

Relinquished By: _____ Date & Time ____/____/____ - ____:____:____ am/pm

**WHEN SHIPPED OR PICKED UP - PLEASE SIGN, DATE & TIME.