



PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

April 16, 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 **4/11/18 9:50 am** and logged in under work order **8041992**. 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: 8041992-01
Name: TP01 - TP 01-TREATMENT PLANT
Site: TP01
Facility: GALENA TERRITORY -OAKWOOD
Facility #: IL1830600
Sampled: 04/10/18 14:55
Sampler: Bob Johnson

Residual Chlorine: Free = 1.00 mg/L Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
Microbiology - PIA						
Total coliform bacteria	Absent			04/12/18 07:45	CEM	SM 9223B*
E. coli	Absent			04/12/18 07:45	CEM	SM 9223B*
Opinion (Coliform)	Satisfactory			04/12/18 07:45	CEM	SM 9223B*

Sample: 8041992-02
Name: 10001-02 - 528 OAKWOOD STREET
Site: 10001-02
Facility: GALENA TERRITORY -OAKWOOD
Facility #: IL1830600
Sampled: 04/10/18 14:15
Sampler: Bob Johnson

Residual Chlorine: Free = 0.80 mg/L Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
Microbiology - PIA						
Total coliform bacteria	Absent			04/12/18 07:45	CEM	SM 9223B*
E. coli	Absent			04/12/18 07:45	CEM	SM 9223B*
Opinion (Coliform)	Satisfactory			04/12/18 07:45	CEM	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, Inc.

2231 West Altorfer Drive
 Peoria, IL 61615
 Phone: 800-752-6651 Fax: 309-692-9689
 Email: dmatthews@pdclab.com

Laboratory Certification Number: 804 1992-21 IL17553

Date and Time Received: 4/11/18 9:50 Received by: [Signature]
 Analysis Start Date and Time: _____ Set by: _____
 Analysis End Date and Time: _____ Read by: _____

1. Public Water Supply Name: <u>GALENA TERRITORY - OAKWOOD</u>	7. Date Collected: <u>4/10/2018</u>
2. Facility Number: <u>1830600</u>	8. Sample Collector: <u>BOB JOHNSON</u>
3. Surface Supply: <input checked="" type="radio"/> Yes <input type="radio"/> No	9. Method: <input type="radio"/> Colilert-Presence/Absence:9223B-PA <input type="radio"/> Colisure-Presence/Absence:Colisure-PA <input type="radio"/> Colilert-Quanti-Tray:9223B-QT <input type="radio"/> Membrane Filter:9222B
4. Report: <input checked="" type="radio"/> Email <input type="radio"/> Mail Paper Copy <input type="radio"/> Both	10. Sample Purpose (choose one): <input checked="" type="radio"/> Routine <input type="radio"/> Boil Order <input type="radio"/> New Construction: # _____ <input type="radio"/> Repair or Maintenance <input type="radio"/> Other Reason: _____ <input type="radio"/> Repeat (failed sample) <input type="radio"/> Replacement (too old, broken, etc.) Original Sample #: _____ Original Sample Collection Date: _____
5. Mail Report to: <input type="checkbox"/> Check if new contact info. <input type="checkbox"/>	
Name: _____	
Email: <u>SASALLESE@UIWATER.COM</u>	
Address: _____	
City: _____ State: _____ Zip: _____	
6. Contact person for unsatisfactory results:	
Name: <u>SCOTT SALLESE</u>	
Office Phone: _____	
Cell Phone: <u>(317) 242-6159</u>	

11. Bacteriological Samples					*Lab Use Only					
Bottle #	Sample Site # Address - Repeat Samples Only	Sample Type R/DAF	Time Collected	Residual Chlorine F T	*12. Colonies Read	*13. Total Coliform	*14. Fecal/E. coli	*15. Opinion	*16. Laboratory Sample #	
<u>01132</u>	<u>01</u>	<u>D</u>	<u>2:55 PM</u>	<u>1.0</u>						
<u>01133</u>	<u>10101-02</u>	<u>D</u>	<u>2:15 PM</u>	<u>0.8</u>						

Complete report must be retained for a minimum of 5 years

Lab Results reported by: _____
 Date: ____/____/____

Notification of Results	
Person Notified:	_____
Date/Time:	_____

Comments:

No. of Bottles Sent: _____
 Date Bottles Sent: ____/____/____
 Reason for Replacement:
 Samples more than 30 hours old
 No Date/Time of Collection
 Laboratory Accident
 Other _____

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

**Relinquished By: _____ Date & Time ____/____/____ : ____ am/pm
 Relinquished By: _____ Date & Time ____/____/____ : ____ am/pm
 **WHEN SHIPPED OR PICKED UP - PLEASE SIGN, DATE & TIME.