



# PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

May 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 **5/10/18 9:50 am** and logged in under work order **8051989**. 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:** 8051989-01  
**Name:** TP01 - TP 01-TREATMENT PLANT  
**Site:** TP01  
**Facility:** GALENA TERRITORY -OAKWOOD  
**Facility #:** IL1830600  
**Sampled:** 05/09/18 10:20  
**Sampler:** Scott Sallesse

**Residual Chlorine:** Free = 0.70 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
<b>Microbiology - PIA</b>						
Total coliform bacteria	Absent			05/11/18 07:40	CEM	SM 9223B*
E. coli	Absent			05/11/18 07:40	CEM	SM 9223B*
Opinion (Coliform)	Satisfactory			05/11/18 07:40	CEM	SM 9223B*

**Sample:** 8051989-02  
**Name:** 10101-02 - 106 SCOTT STREET  
**Site:** 10101-02  
**Facility:** GALENA TERRITORY -OAKWOOD  
**Facility #:** IL1830600  
**Sampled:** 05/09/18 11:05  
**Sampler:** Scott Sallesse

**Residual Chlorine:** Free = 0.40 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
<b>Microbiology - PIA</b>						
Total coliform bacteria	Absent			05/11/18 07:40	CEM	SM 9223B*
E. coli	Absent			05/11/18 07:40	CEM	SM 9223B*
Opinion (Coliform)	Satisfactory			05/11/18 07:40	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

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Certified by: Daisys Matthews, Microbiology Section Supervisor



805 1989-2 SMW

**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: IL17553

Date and Time Received: 5/10/18 9:50 Received by: SMW  
 Analysis Start Date and Time: \_\_\_\_\_ Set by: \_\_\_\_\_  
 Analysis End Date and Time: \_\_\_\_\_ Read by: \_\_\_\_\_

<b>1. Public Water Supply Name:</b> <u>GALENA TERRITORY - OAKWOOD</u>	<b>7. Date Collected:</b> <u>5-9-18</u>
<b>2. Facility Number:</b> <u>1830600</u>	<b>8. Sample Collector:</b> <u>SCOTT SALLESE</u>
<b>3. Surface Supply:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>9. Method:</b> <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
<b>4. Report:</b> <input checked="" type="radio"/> Email <input type="radio"/> Mail Paper Copy <input type="radio"/> Both	<b>10. Sample Purpose (choose one):</b> <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.)
<b>5. Mail Report to:</b> <input type="checkbox"/> Check if new contact info:	
Name: _____ Email: <u>SASALLESE@UIWATER.COM</u> Address: _____ City: _____ State: _____ Zip: _____	
<b>6. Contact person for unsatisfactory results:</b> Name: <u>SCOTT SALLESE</u> Office Phone: _____ Cell Phone: <u>219-242-6159</u>	

Bottle #	Sample Site # Address - Repeat Samples Only	Sample Type RDNF	Time Collected	Residual Chlorine		*Lab Use Only				
				F	T	*12. Colonies Read	*13. Total Coliform	*14. Fecal/ E. coli	*15. Opinion	*16. Laboratory Sample #
<u>09609</u>	<u>01</u>	<u>F</u>	<u>10:20 A</u>	<u>0.7</u>						
<u>09610</u>	<u>10101-02</u>	<u>D</u>	<u>11:05 A</u>	<u>0.4</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.