



PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

May 21, 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 **5/16/18 10:00 am** and logged in under work order **8052912**. 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: 8052912-01	Residual Chlorine: Free = 0.30 mg/L Total = NA
Name: RT-EXTRAS - ADDITIONAL SAMPLES	Sample Purpose: RT
Site: RT-EXTRAS	Replacement Indicator: NA
Facility: GALENA TERRITORY -OAKWOOD	Original Sample No: NA
Facility #: IL1830600	Rejection Reason: NA
Sampled: 05/15/18 10:30	Comment: 10102-02
Sampler: Bob Johnson	

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
<u>Microbiology - PIA</u>						
Total coliform bacteria	Absent			05/17/18 07:45	HAW	SM 9223B*
E. coli	Absent			05/17/18 07:45	HAW	SM 9223B*
Opinion (Coliform)	Satisfactory			05/17/18 07:45	HAW	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,
 2231 West Altorfer Drive
 Peoria, IL 61615
 Phone: 800-752-6651 Fax: 309-692-9689
 Email: dclifford@pdclab.com

Laboratory Certification Number: 17553

805 2912-1 SW

Date and Time in Lab: 5/16/18 - 10:00 SW
 Date and Time Analyzed: - -

1. Public Water Supply Name: <u>GALENA - TERRITORY - OAKWOOD</u>	7. Date Collected: <u>5-15-18</u>
2. Facility Number: <u>1830600</u>	8. Sample Collector: <u>BOB JOHNSON</u>
3. Email: <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	
5. Mail Report to: Name <u>N/A</u>	
Address _____	
City _____ State _____ Zip _____	
6. Contact person for Results: Name: <u>Scott SALLESE</u> Office (_____) _____ Cell <u>(219) 242-6159</u> Please call PDC (309) 683-1765 for new construction results	<input type="checkbox"/> Repeat (failed sample) <input type="checkbox"/> Invalid Sample Replacement <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ Method: <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Colilert <input type="checkbox"/> Q Tray

10. Bacteriological Samples				*Lab Use Only						
Bottle #	Sample Site #	Sample Type RID/F	Time Collected	(Free) Total Residual Chlorine (circle)	*11. Colonies Read	*12. Total Coliform	*13. Fecal Coliform	*14. E. Coll	*15. Opinion	*16. Laboratory Sample No.
<u>02230</u>	<u>10102-02</u>	<u>D</u>	<u>10:30 AM</u>	<u>.30</u>						

Reported by: _____
 Date: ___/___/___

Complete report must be retained for a minimum of 5 years

Comments: _____

DPWS Notification for Results
 Person Notified: _____
 Date: ___/___/___

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