



# PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

July 26, 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 **7/18/18 9:45 am** and logged in under work order **8073241**. 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

<b>Sample:</b> 8073241-01	<b>Residual Chlorine:</b> Free = 1.2 mg/L Total = NA
<b>Name:</b> 10101-02 - 106 SCOTT STREET	<b>Sample Purpose:</b> RT
<b>Site:</b> 10101-02	<b>Replacement Indicator:</b> NA
<b>Facility:</b> GALENA TERRITORY -OAKWOOD	<b>Original Sample No:</b> NA
<b>Facility #:</b> IL1830600	<b>Rejection Reason:</b> NA
<b>Sampled:</b> 07/17/18 11:40	<b>Comment:</b> NA
<b>Sampler:</b> Scott Sallesse	

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
<b><u>Microbiology - PIA</u></b>						
Total coliform bacteria	Absent			07/19/18 07:45	SJK	SM 9223B*
E. coli	Absent			07/19/18 07:45	SJK	SM 9223B*
Opinion (Coliform)	Satisfactory			07/19/18 07:45	SJK	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



1. Public Water Supply Name: <u>GALENA TERRITORY - OAKWOOD</u>		7. Date Collected: <u>7/17/18</u>	
2. Facility Number: <u>1830600</u>		8. Sample Collector: <u>SCOTT SALLESE</u>	
3. Email: <u>SALLESE@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	
5. Mail Report to: Name <u>N/A</u> Address _____ City _____ State _____ Zip _____		<input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____	
6. Contact person for Results: 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		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 RIDIF	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>85</u>	<u>1010102</u>	<u>D</u>	<u>11:40 AM</u>	<u>1.2</u>						

Reported by: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete report must be retained for a minimum of 5 years

**DPWS Notification for Results**  
Person Notified: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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.