



# PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

May 23, 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 **5/18/18 9:45 am** and logged in under work order **8053495**. 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,

Kim Rakoski  
Drinking Water Project Manager  
(309) 683-1724 x1724  
krakoski@pdclab.com





**ANALYTICAL RESULTS**

**Sample:** 8053495-01  
**Name:** S2HT1 - 346 HICKORY CT  
**Reg ID:** IL1830600

**Sampled:** 05/17/18 14:30  
**Received:** 05/18/18 09:45  
**Matrix:** Drinking Water - Regular Sample  
**PO #:** BU136100

Parameter	Result	Unit	Qual	MCL	Prepared	Analyzed	Analyst	Method
<b><u>THMs - PIA</u></b>								
Bromodichloromethane	19.5	ug/L			05/21/18 08:38	05/21/18 15:15	JJI	EPA 524.2
Bromoform	< 0.500	ug/L			05/21/18 08:38	05/21/18 15:15	JJI	EPA 524.2
Dibromochloromethane	3.41	ug/L			05/21/18 08:38	05/21/18 15:15	JJI	EPA 524.2
<b><u>Volatile Organics - PIA Total</u></b>								
THMs-Total	145	ug/L		** 80 ug/L	05/23/18 09:25	05/23/18 12:00	JJI	[CALC]

**Sample:** 8053495-01RE1  
**Name:** S2HT1 - 346 HICKORY CT  
**Reg ID:** IL1830600

**Sampled:** 05/17/18 14:30  
**Received:** 05/18/18 09:45  
**Matrix:** Drinking Water - Regular Sample  
**PO #:** BU136100

Parameter	Result	Unit	Qual	MCL	Prepared	Analyzed	Analyst	Method
<b><u>THMs - PIA</u></b>								
Chloroform	122	ug/L			05/23/18 09:25	05/23/18 12:00	JJI	EPA 524.2



## NOTES

Specific method revisions used for analysis are available upon request.

\*\* Result exceeds SDWA MCL

### 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  
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: Margie Nobiling For Kim Rakoski, Drinking Water Project Manager



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Peoria, IL 61615

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Chain of Custody Record

Page 1 of 1

State where samples collected IL

8053495-1 Smu

IL1830600

GALENA TERRITORY - OAKWOOD

15124 N. 850 East Rd.

Oakwood IL 61858

Phone Number: 219-242-6159

e-mail: SASALLESE@UIWATER.COM

PO#:

Sampler Signature: Scott Salles

Sampler Name (Please Print): SCOTT SALLESE

Date: (MM/DD/YYYY) 1/17/18 Time: 2:30 am/pm pm

SZHT1

THM

Bottle Count

4

NON REPORTABLE QUALITY CHECK

Turn-Around Time Requested (circle one): **NORMAL** **RUSH** Date Results Needed: 3 DAY RESULTS PER JULIE

Relinquished By: (Signature)	Date: Time:	Received By: (Signature)	Date: Time:	The sample temperature will be measured upon receipt at the lab. By initialing the area you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0 C. By not initializing this area you allow the lab to proceed with analytical testing regardless of the sample temperature.
Relinquished By: (Signature)	Date: Time:	Received By: (Signature)	Date: Time:	SAMPLE TEMPERATURE UPON RECEIPT CHILL PROCESS STARTED PRIOR TO RECEIPT SAMPLE(S) RECEIVED ON ICE PROPER BOTTLES RECEIVED IN GOOD CONDITION BOTTLES FILLED WITH ADEQUATE VOLUME SAMPLES RECEIVED WITHIN HOLD TIME(S) (EXCLUDES TYPICAL FIELD PARAMETERS) DATE AND TIME TAKEN FROM SAMPLE BOTTLE
Relinquished By: (Signature)	Date: Time:	Received By: (Signature)	Date: Time:	
Relinquished By: (Signature)	Date: Time:	Received By: (Signature)	Date: Time:	