



# PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

July 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 **7/12/18 9:50 am** and logged in under work order **8072489**. 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:** 8072489-01  
**Name:** TP01 - 1 MILE S OF OAKWOOD  
**Reg ID:** IL1830600

**Sampled:** 07/11/18 06:50  
**Received:** 07/12/18 09:50  
**Matrix:** Drinking Water - Regular Sample  
**PO #:** BU136100

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
<b>General Chemistry - PIA</b>						
Fluoride	0.864	mg/L		07/16/18 18:29	TTH	SM 4500-F C
Field Fluoride	0.74	mg/L				



## NOTES

Specific method revisions used for analysis are available upon request.

ALL FLUORIDE REPORTS WILL BE SUBMITTED TO IDPH

Annual fluoride awards will be awarded if you have at least 1 tap in compliance per facility per month.  
The IDPH limits are 0.60 mg/L - 0.80 mg/L.  
IDPH will keep all fluoride reports but will only figure the compliant results for the annual fluoride award.

If you would like to resample please mark the site, month and reason (ex: OCT RESAMPLE) on the chain of custody.

### 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 Nobile For Kim Rakoski, Drinking Water Project Manager



Fluoride Analysis Report							
To Be Completed by Operator					To Be Completed by Laboratory		
County VERMILLION		Facility No. 1830600				Laboratory Name: PDC Laboratories, Inc.	Certification No. 100230
Facility Name GALENA TERRITORY - OAKWOOD					Laboratory Sample No. 8072489-1SM		
Contact Person SCOTT SALLESE					Signature of Laboratory Official		Date
Address 15124 N. 850 EAST RD.							
City OAKWOOD		State IL.		Zip Code 61858		Notification of High Fluoride >4 mg/l	
Telephone No. 219-242-6159					PDC Laboratories, Inc. IDPH Registry No. 17553		
					IL482-0694 Rev. 11/93		
Fluoride Analysis by OPERATOR 0.74 mg/l	Tap No. 01	Collection Date 7/11/18	Collection Time 6:50 A	Sample Month JULY	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		
Fluoride Analysis by OPERATOR _____ mg/l	Tap No.	Collection Date	Collection Time	Sample Month	Fluoride Analysis by Laboratory _____ mg/l		

**Operator:** Please complete left side of form and submit with your water sample to certified lab.

**Laboratory:** Please complete the right side of the form and mail to:  
 Illinois Department of Public Health  
 Division of Dental Health  
 535 West Jefferson Street  
 Springfield, IL 62761  
 (217) 785-4899

**Please return full sheet, do not alter.**