



PDC Laboratories, Inc.

PROFESSIONAL • DEPENDABLE • COMMITTED

September 11, 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 **9/6/18 10:10 am** and logged in under work order **8090827**. 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: 8090827-01
Name: TP01 - 1 MILE S OF OAKWOOD
Reg ID: IL1830600

Sampled: 09/05/18 10:00
Received: 09/06/18 10:10
Matrix: Drinking Water - Regular Sample
PO #: BU136100

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
General Chemistry - PIA						
Fluoride	0.709	mg/L		09/07/18 12:14	TTH	SM 4500-F C
Field Fluoride	0.68	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: Kim Rakoski, Drinking Water Project Manager



Illinois Department of Public Health

9/6/18 10:10 SMW

To Be Completed by Operator					To Be Completed by Laboratory	
County VERMILLION		Facility No. 1830600			Laboratory Name: PDC Laboratories, Inc.	
Facility Name GALENA TERRITORY- OAKWOOD		Laboratory Sample No. 20910827-1 SMW			Certification No. 100230	
Contact Person SCOTT SALLESE					Signature of Laboratory Official	
Address 15124 N. 850 EAST RD					Date	
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 0.68 mg/l	Tap No. 01	Collection Date 9/5/18	Collection Time 10:00A	Sample Month SEPT.	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	
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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.