



ANALYTICAL REPORT

2323 Fourth Street
P.O. Box 483
Peru, Illinois 61354
815-224-1650
800-659-4659
FAX 815-224-1688
www.testinc.com

December 04, 2024

Attn: Brian Trainor
Marseilles
209 Lincoln Street
Marseilles, IL 61341

Work Order Number: 24120013

Dear Brian Trainor,

Enclosed are the results of analyses for samples received by TEST, Inc. on 12/2/2024.

All testing conforms to the applicable TNI Standards and the laboratory's Quality Manual where applicable, unless otherwise noted in the report.

This final Analytical Report consists of this cover letter, case narrative, laboratory results, and any accompanying documentation including, but not limited to chain of custody records.

This report may not be reproduced except in full without prior written approval from TEST, Inc.

If you have any questions regarding these test results, please do not hesitate to contact me at (815) 224-1650 or (800) 659-4659.

Sincerely,

Tobi McCauley
Laboratory Manager
Total Environmental Service Technologies, Inc.





Reported To:

Brian Trainor
Marseilles
209 Lincoln Street
Marseilles, IL 61341

Project: IL0990110 - Routine Coliform South
P.O. No.:

Reported Samples

Lab ID	Sample	Matrix	Qualifiers	Date Sampled	Date Received
24120013-03	C002001P1	Drinking Water		12/02/2024	12/02/2024
24120013-02	WL01167	Drinking Water		12/02/2024	12/02/2024
24120013-01	C001001A2	Drinking Water		12/02/2024	12/02/2024



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Laboratory Results

Sample: C001001A2 24120013-01 [Drinking Water] Distribution **Collected 12/02/24 08:45**

Analyte	Result	Qual	Reporting Limit	Units	Date Analyzed	Analyst	Method
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General Chemistry Analyses

Chlorine, Free	1.2		0.020	mg/L	12/2/24 8:45	C	4500CL-G
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Microbiological Analyses

Total Coliform 24 hr Colilert	Absent		1.00	N/A	12/2/24 12:45	MMB	9223B-PA
E. Coli by Colilert	Absent		1.00	N/A	12/2/24 12:45	MMB	9223B-PA

Sample: WL01167 24120013-02 [Drinking Water] Raw **Collected 12/02/24 08:35**

Analyte	Result	Qual	Reporting Limit	Units	Date Analyzed	Analyst	Method
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Microbiological Analyses

Total Coliform 24 hr Colilert	Absent		1.00	N/A	12/2/24 12:45	MMB	9223B-PA
E. Coli by Colilert	Absent		1.00	N/A	12/2/24 12:45	MMB	9223B-PA

Sample: C002001P1 24120013-03 [Drinking Water] Distribution **Collected 12/02/24 09:00**

Analyte	Result	Qual	Reporting Limit	Units	Date Analyzed	Analyst	Method
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General Chemistry Analyses

Chlorine, Free	1.0		0.020	mg/L	12/2/24 9:00	C	4500CL-G
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Microbiological Analyses

Total Coliform 24 hr Colilert	Absent		1.00	N/A	12/2/24 12:45	MMB	9223B-PA
E. Coli by Colilert	Absent		1.00	N/A	12/2/24 12:45	MMB	9223B-PA



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Marseilles, IL 61341

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Certified Analyses included in this Report

Analyte	CAS #	Certifications
9223B-PA in Drinking Water		
E. Coli by Colilert		IDPH 17518
Total Coliform 24 hr Colilert		IDPH 17518



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Brian Trainor
Marseilles
209 Lincoln Street
Marseilles, IL 61341

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Notes and Definitions

Item	Definition
Dry	Sample results reported on a dry weight basis.
ND	Analyte NOT DETECTED at or above the reporting limit.

Coliform Analysis Report Form

Facility No: IL0990110
 Facility Name: City of Marseilles South
 Sampling Period: 12/1/24 to 12/31/24

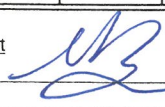
Certified Laboratory Number: 17518
 Laboratory Name: T.E.S.T. Inc.
 Date and Time in Lab: 12/2/24 11:50
 Accepted By: MB
 Date and Time Analyzed: 12/2/24 12:45
 Chlorine Exempt Supply: YES NO

Surface Supply: YES NO

Samples must reach laboratory within 30 hours after collecting

1. Mail Water Supply Copy To:				3. Date Collected: 12/2/24								
Name: City of Marseilles				4. Sample Collector: Ryan Owens								
Address: 209 Lincoln Str.			Post Office Box:	5. Sample Purpose:								
City: Marseilles			State: IL	Zip Code: 61341	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Replacement <input type="checkbox"/> Inv. Replacement <input type="checkbox"/> Boil Order <input type="checkbox"/> New Construction Permit No. _____ FY _____ <input type="checkbox"/> Repeat <input type="checkbox"/> Other: _____							
2. Contact Person for Unsatisfactory Results:				Orig Sample Lab No. _____ Orig Sample Lab No. _____								
Name: Brian Trainor		Phone Number (Include Area Code): 815-795-0215		Orig Sample Lab No. _____ Orig Sample Lab No. _____								
6. Bacteriological Sampling				Orig Sample Lab No. _____ Orig Sample Lab No. _____								
Btl. No.	Sample Site Number	Address: Repeat Sample	Sample Type	Time Collected	Residual Chlorine		7. Colonies Read	8. Total Coliform	9. E-Coli	10. Fecal Coliform	11. Opinion	12. Laboratory Sample Number
					Free	Total						
1	C001001A2	Madison Blvd.	D	8:45	1.2	////		N	N		S	24120013-01
2	WL01167	Well #6	R	8:35	////	////		N	N		S	24120013-02
3	C002001P1	Nat. Guard Pic.	D	9:00	1.0	////		N	N		S	24120013-03

Note: Completed report must be retained for minimum of five years. When contacting the Agency regarding any of these samples, be sure to list the facility number, sampling site number(s), and date collected to identify the sample.
Important: This report must be mailed to:
 ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 COMPLIANCE ASSURANCE SECTION
 DRINKING WATER COMPLIANCE UNIT #19
 P.O. BOX 19276
 SPRINGFIELD, IL 62794-9276

Method: MF Colilert
 Reported By:  Date: 12/3/24
 Person Notified: _____ Date: / /
 No. of Bottles: _____ Sent: _____ Date: / /
Reason for Replacement:
 Samples more than 30 hours old
 No Date / Time of collection
 Other: _____