

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: 24120014

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.

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Reported: 12/4/2024 7:03:00PM

Reported To:

Brian Trainor Marseilles 209 Lincoln Street

Marseilles, IL 61341

Project: IL0990500 - Routine Coliform

P.O. No.:

Reported Samples

Lab ID	Sample	Matrix	Qualifiers	Date Sampled	Date Received
24120014-01	WL11483	Drinking Water		12/02/2024	12/02/2024



Reported: 12/4/2024 7:03:00PM

Reported To:

Project: IL0990500 - Routine Coliform **Brian Trainor** P.O. No.:

Marseilles

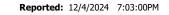
209 Lincoln Street Marseilles, IL 61341

Laboratory Results

Collected

12/02/24 11:00 Sample: WL11483 24120014-01 [Drinking Water] Raw

Sumpler Well+05 Z+1Z001+ 01	[Dilliking Water] Kaw						, , ,
Analyte	Result	Qual	Reporting Limit	Units	Date Analyzed	Analyst	Method
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





Reported To:

Brian Trainor Project: IL0990500 - Routine Coliform

Marseilles P.O. No.:

209 Lincoln Street Marseilles, IL 61341

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	



Reported: 12/4/2024 7:03:00PM

Reported To:

Project: IL0990500 - Routine Coliform Brian Trainor

Marseilles

209 Lincoln Street Marseilles, IL 61341

P.O. No.:

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:0990500							Certified Laboratory Number: 17518							
Facility Name: City of Marseilles							Laboratory Name: T.E.S.T. Inc.							
Sampling Period: 1211124 to 12131124							Date and Time in Lab: 21204 1155							
							Accepted By:							
								Date and Time Analyzed: 1212 124 12:45						
Surface Supply: YES X NO								e Exemp						
Samples must reach laboratory within												-		
Mail Water Supply Copy To:								3. Date Collected: 1212124						
Name:							4. Sample Collector: 1 Rygn Owens							
		City of M	arsei	illes					5. Sample Purpose:					
Addre	ess:					Post	t Office	e Box:	Routine Replacement nv. Replacement Boil Order					
	209 i	ncoln Stre	et		l				New Construction Permit NoFY					
City:	8 1	2.	111	Stat	e:	Zip Code:			Repea					
	Mars	eilles		1	L.	61341			Repeat Other: Orig Sample Lab No. Orig Sample Lab No.					
2. Co	ontact Person for l	Jnsatisfactory Re	esults:						Orig Sample Lab No Orig Sample Lab No					
Name	9:		Phon	e Num	ber (In	clude	Area (rea Code): Orig Sample Lab No Orig Sample Lal						
	Brian Tra	inor		815	5-79	95- 0215				Orig Sample Lab No Orig Sample Lab No				
6. Ba	acteriological Sam	pling		Φ	7	p	Resi	idual	7. 8.		9.	10.	11.	12.
Btl.	Sample Site	Address:		Sample Type	Time	lecte	Chlo		Colonies Read	Total Coliform	E-Coli	Fecal Coliform	Opinion	Laboratory Sample
No.	Number	Repeat Sample	•	SS L	- 3	S Fre	Free	Total						Number
10	11483	Well #4		R	11:0	0	/////	111111		N	N		3	24120014-01
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Note: (Completed report mi	ust be retained for r	minimur	n of five	e N	/lethor	d: [] M	F DC	olilert /	10				10 - 01
Note: Completed report must be retained for minimum of five years. When contacting the Agency regarding any of these samples, Reported By:							1	5	2	U •	Date:	1432		
be sure to list the facility number, sampling site number(s), and date collected to identify the sample. Person Notified No. of Bottles:							Sent:		D	Date:				
Important: This report must be mailed to:										op sper		D		
	UIS ENVIRONME LIANCE ASSURA		HON A	GENC	-			ore than	ent: 30 hours old	d				
DRINKING WATER COMPLIANCE UNIT #19 P.O. BOX 19276				[□ No Date / Time of collection									

SPRINGFIELD, IL 62794-9276