



## 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.





**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 To:**

Brian Trainor  
Marseilles  
209 Lincoln Street  
Marseilles, IL 61341

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

### Laboratory Results

**Sample: WL11483 24120014-01 [Drinking Water] Raw**

**Collected**  
**12/02/24 11:00**

Analyte	Result	Qual	Reporting Limit	Units	Date Analyzed	Analyst	Method
<b>Microbiological Analyses</b>							
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  
Marseilles  
209 Lincoln Street  
Marseilles, IL 61341

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

**Certified Analyses included in this Report**

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



**Reported To:**

Brian Trainor  
Marseilles  
209 Lincoln Street  
Marseilles, IL 61341

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

**Notes and Definitions**

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

**Coliform Analysis Report Form**

Facility No: 0990500  
 Facility Name: City of Marseilles  
 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: Name: <b>City of Marseilles</b>					3. Date Collected: <u>12/2/24</u>					
Address: <b>209 Incoln Street</b>			Post Office Box:		4. Sample Collector: <u>Rygn Owens</u>					
City: <b>Marseilles</b>		State: <b>IL.</b>	Zip Code: <b>61341</b>		5. Sample Purpose: <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: Name: <b>Brian Trainor</b>					Phone Number (Include Area Code): <b>815-795-0215</b>					
6. Bacteriological Sampling					7. Colonies Read	8. Total Coliform	9. E-Coli	10. Fecal Coliform	11. Opinion	12. Laboratory Sample Number
Btl. No.	Sample Site Number	Address: Repeat Sample	Sample Type	Time Collected	Residual Chlorine					
					Free	Total				
<b>10</b>	<b>11483</b>	<b>Well #4</b>	<b>R</b>	<b>11:00</b>	<b>////</b>	<b>////</b>	<b>N</b>	<b>N</b>	<b>S</b>	<b>24200514-01</b>

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: [Signature] 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: \_\_\_\_\_