

#### **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: 24120015

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,

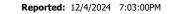
Tobi McCauley

**Laboratory Manager** 

Total Environmental Service Technologies, Inc.

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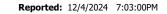
Brian Trainor Marseilles

209 Lincoln Street Marseilles, IL 61341 **Project:** IL0990500 - Routine Coliform

P.O. No.:

# **Reported Samples**

| Lab ID      | Sample    | Matrix         | Qualifiers | Date Sampled | Date Received |
|-------------|-----------|----------------|------------|--------------|---------------|
| 24120015-09 | WL11484   | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-08 | WL11483   | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-07 | C006001A3 | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-06 | C005001P2 | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-05 | C004001P1 | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-04 | C003001A5 | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-03 | C002001P2 | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-02 | C001001P2 | Drinking Water |            | 12/02/2024   | 12/02/2024    |
| 24120015-01 | TP05      | Drinking Water |            | 12/02/2024   | 12/02/2024    |





Brian Trainor

Marseilles

209 Lincoln Street Marseilles, IL 61341 Project: IL0990500 - Routine Coliform

P.O. No.:

## **Laboratory Results**

Collected

Sample: TP05 24120015-01 [Drinking Water] Finished

12/02/24 10:45

|                               |        |      | Reporting |       | Date          |         |          |
|-------------------------------|--------|------|-----------|-------|---------------|---------|----------|
| Analyte                       | Result | Qual | Limit     | Units | Analyzed      | Analyst | Method   |
|                               |        |      |           |       |               |         |          |
| General Chemistry Analyses    |        |      |           |       |               |         |          |
| Chlorine, Free                | 1.4    |      | 0.020     | mg/L  | 12/2/24 10:45 | С       | 4500CL-G |
| Microbiological Analyses      |        |      |           |       |               |         |          |
| E. Coli by Colilert           | Absent |      | 1.00      | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |
| Total Coliform 24 hr Colilert | Absent |      | 1.00      | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |

Collected

Sample: C001001P2 24120015-02 [Drinking Water] Distribution

12/02/24 09:15

|                               |        | Reporting  |       | Date          |         |          |
|-------------------------------|--------|------------|-------|---------------|---------|----------|
| Analyte                       | Result | Qual Limit | Units | Analyzed      | Analyst | Method   |
|                               |        |            |       |               |         |          |
| General Chemistry Analyses    |        |            |       |               |         |          |
| Chlorine, Free                | 0.80   | 0.020      | mg/L  | 12/2/24 9:15  | С       | 4500CL-G |
| Microbiological Analyses      |        |            |       |               |         |          |
| E. Coli by Colilert           | Absent | 1.00       | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |
| Total Coliform 24 hr Colilert | Absent | 1.00       | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |

Collected

Sample: C002001P2 24120015-03 [Drinking Water] Distribution

12/02/24 09:35

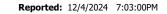
|                               |        |      | Reporting | Reporting |               |         |          |
|-------------------------------|--------|------|-----------|-----------|---------------|---------|----------|
| Analyte                       | Result | Qual | Limit     | Units     | Analyzed      | Analyst | Method   |
| General Chemistry Analyses    |        |      |           |           |               |         |          |
| Chlorine, Free                | 1.2    |      | 0.020     | mg/L      | 12/2/24 9:35  | С       | 4500CL-G |
| 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 |

Collected

Sample: C003001A5 24120015-04 [Drinking Water] Distribution

12/02/24 09:50

| Analyte                    | Result | Qual | Reporting<br>Limit | Units | Date<br>Analyzed | Analyst | Method   |
|----------------------------|--------|------|--------------------|-------|------------------|---------|----------|
| General Chemistry Analyses |        |      |                    |       |                  |         |          |
| Chlorine, Free             | 1.0    |      | 0.020              | mg/L  | 12/2/24 9:50     | С       | 4500CL-G |





Brian Trainor Project: IL0990500 - Routine Coliform

Marseilles

209 Lincoln Street Marseilles, IL 61341

**Laboratory Results** 

P.O. No.:

(Continued)

Collected

Sample: C003001A5 24120015-04 [Drinking Water] Distribution (Continued)

12/02/24 09:50

| Analyte                       | Result | Qual | Reporting<br>Limit | Units | Date<br>Analyzed | Analyst | Method   |
|-------------------------------|--------|------|--------------------|-------|------------------|---------|----------|
| Microbiological Analyses      |        |      |                    |       |                  |         |          |
| E. Coli by Colilert           | Absent |      | 1.00               | N/A   | 12/2/24 12:45    | MMB     | 9223B-PA |
| Total Coliform 24 hr Colilert | Absent |      | 1.00               | N/A   | 12/2/24 12:45    | MMB     | 9223B-PA |

Collected

Sample: C004001P1 24120015-05 [Drinking Water] Distribution

12/02/24 10:35

| Analyte                       | Result | Qual | Reporting<br>Limit | Units | Date<br>Analyzed | Analyst | Method   |
|-------------------------------|--------|------|--------------------|-------|------------------|---------|----------|
| General Chemistry Analyses    |        |      |                    |       |                  |         |          |
| Chlorine, Free                | 1.2    |      | 0.020              | mg/L  | 12/2/24 10:35    | С       | 4500CL-G |
| 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 |

Collected

Sample: C005001P2 24120015-06 [Drinking Water] Distribution

12/02/24 10:25

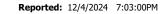
| Analyte                       | Result | Qual | Reporting<br>Limit | Units | Date<br>Analyzed | Analyst | Method   |
|-------------------------------|--------|------|--------------------|-------|------------------|---------|----------|
| General Chemistry Analyses    |        |      |                    |       |                  |         |          |
| Chlorine, Free                | 1.2    |      | 0.020              | mg/L  | 12/2/24 10:25    | С       | 4500CL-G |
| 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 |

Collected

Sample: C006001A3 24120015-07 [Drinking Water] Distribution

12/02/24 09:25

| Analyte                       | Result | Reporting<br>Qual Limit | Units | Date<br>Analyzed | Analyst | Method   |
|-------------------------------|--------|-------------------------|-------|------------------|---------|----------|
| General Chemistry Analyses    |        |                         |       |                  |         |          |
| Chlorine, Free                | 1.2    | 0.020                   | mg/L  | 12/2/24 9:25     | С       | 4500CL-G |
| Microbiological Analyses      |        |                         |       |                  |         |          |
| Total Coliform 24 hr Colilert | Absent | 1.00                    | N/A   | 12/2/24 12:45    | MMB     | 9223B-PA |





Brian Trainor Project: IL0990500 - Routine Coliform

Marseilles

209 Lincoln Street Marseilles, IL 61341

## **Laboratory Results**

P.O. No.:

(Continued)

Collected

Sample: C006001A3 24120015-07 [Drinking Water] Distribution (Continued)

12/02/24 09:25

| Analyte                              | Result | Qual | Reporting<br>Limit | Units | Date<br>Analyzed | Analyst | Method   |
|--------------------------------------|--------|------|--------------------|-------|------------------|---------|----------|
| Microbiological Analyses (Continued) |        |      |                    |       |                  |         |          |
| E. Coli by Colilert                  | Absent |      | 1.00               | N/A   | 12/2/24 12:45    | MMB     | 9223B-PA |

Collected

Sample: WL11483 24120015-08 [Drinking Water] Raw

12/02/24 11:00

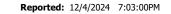
|                               |        |      | Reporting |       | Date          |         |          |
|-------------------------------|--------|------|-----------|-------|---------------|---------|----------|
| Analyte                       | Result | Qual | Limit     | Units | Analyzed      | Analyst | Method   |
| Microbiological Analyses      |        |      |           |       |               |         |          |
| E. Coli by Colilert           | Absent |      | 1.00      | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |
| Total Coliform 24 hr Colilert | Absent |      | 1.00      | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |

Collected

Sample: WL11484 24120015-09 [Drinking Water] Raw

12/02/24 10:15

| •                             | <u> </u> |      |           |       |               |         |          |
|-------------------------------|----------|------|-----------|-------|---------------|---------|----------|
|                               |          |      | Reporting |       | Date          |         |          |
| Analyte                       | Result   | Qual | Limit     | Units | Analyzed      | Analyst | Method   |
|                               |          |      |           |       |               |         |          |
| Microbiological Analyses      |          |      |           |       |               |         |          |
| E. Coli by Colilert           | Absent   |      | 1.00      | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |
| Total Coliform 24 hr Colilert | Absent   |      | 1.00      | N/A   | 12/2/24 12:45 | MMB     | 9223B-PA |





Brian Trainor Project: IL0990500 - Routine Coliform

Marseilles P.O. No.:

209 Lincoln Street Marseilles, IL 61341

### **Certified Analyses included in this Report**

| Analyte CA                    |  | 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:

Brian Trainor Project: IL0990500 - Routine Coliform

Marseilles P.O. No.:

209 Lincoln Street Marseilles, IL 61341

#### **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 ar  | Date and Time in Lab:  2 12 59 11 55   |                                       |                              |        |                   |     |                            |  |
|   |                     |                   |                      |                |           |                                    |  | Accepted By:                           |                                       |                              |        |                   |     |                            |  |
|   |                     |                   |                      |                |           |                                    |  | Date and Time Analyzed: 1212 124 12:45 |                                       |                              |        |                   |     |                            |  |
| Surface Supply: YES 🔀 NO  |                     |                   |                      |                |           |                                    |  | Chlorine Exempt Supply: YES NO         |                                       |                              |        |                   |     |                            |  |
| Samples must reach laboratory within  |                     |                   |                      |                |           |                                    |  | n 30 hours after collecting            |                                       |                              |        |                   |     |                            |  |
| Mail Water Supply Copy To:  |                     |                   |                      |                |           |                                    |  | 3. Date                                | 3. Date Collected: 12/2/24            |                              |        |                   |     |                            |  |
| Name:   |                     |                   |                      |                |           |                                    | 4. Sample Collector: Rygn Dwins                |  |                                       |                              |        |                   |     |                            |  |
| City of Marseilles  |                     |                   |                      |                |           |                                    | 5. Sample Purpose:                             |  |                                       |                              |        |                   |     |                            |  |
|   |                     |                   |                      |                |           |                                    | Routine Replacement nv. Replacement Boil Order |  |                                       |                              |        |                   |     |                            |  |
|   | 209 Li              | incoln Stre       | et                   |                |           |                                    |  | 100                                    |                                       | New Construction Permit NoFY |        |                   |     |                            |  |
| City:   | 20                  |                   | 1 <sub>20</sub> = 31 | Stat           | e:        | Zip Co                             | ode:   |  | Repeat Other:                         |                              |        |                   |     |                            |  |
| Marseilles IL. 61341  |                     |                   |                      |                |           | 11                                 | Orig Sample Lab No Orig Sample Lab No          |  |                                       |                              |        |                   |     |                            |  |
| 2. Co   | entact Person for U | Insatisfactory Re | sults:               |                |           |                                    |  |  | Orig Sample Lab No Orig Sample Lab No |                              |        |                   |     |                            |  |
| Name  |                     |                   |                      | e Num          | ber (Incl | lude A                             | rea  | Code):                                 | 1                                     |                              |        |                   |     | ab No                      |  |
|   | Brian Tra           | inor              |                      | 81             | 5-795     | -021                               | 15   |  |                                       | ple Lab No                   |        |                   |     | ab No                      |  |
| 6. Ba   | cteriological Samp  | oling             | Т                    |                | Τ         | <del></del>                        |  |  | 7.                                    | 8.                           | 9.     | 10.               | 11. | 12.                        |  |
| Btl.  | Sample Site         | Address:          |                      | Sample<br>Type | Time      |                                    |  | orine                                  | Colonies<br>Read                      | Total<br>Coliform            | E-Coli | Fecal<br>Coliform | 1 ' | Laboratory<br>Sample       |  |
| No.   | Number              | Repeat Sample     | 3                    | Sa             | Col       | Fr                                 | ee   | Total                                  |                                       |                              |        |                   |     | Number                     |  |
| 1   | TP 05               | Wellsite          | <del>4</del> 4       | F              | 10:4      | 51.                                | 4  | 1111111                                |                                       | N                            | N      |                   | 2   | 24120015-01                |  |
| 2   | C001001P2           | 880 Comme         | rcial                | D              | 4:15      | 3                                  | 20   | //////                                 |                                       | ()                           | ( )    |                   | 7   | 1                          |  |
| 3   | C002001P2           | 209 Lincoln       |                      |                | 9:35      | Τ.                                 |  | //////                                 |                                       | 7                            | 7      |                   | 0   | 24120015-02                |  |
| 4   | C003001A5           | 1195 Morris       | Rd.                  | D              | 9:50      | 1,0                                | 0  | //////                                 |                                       | N                            | IN)    |                   | ~   |                            |  |
| 5   | C004001P1           | 1025 Tower        |                      | D              | 10:39     | 1                                  |  | //////                                 |                                       | N                            | N      |                   | ~   | 24120015-04<br>24120015-05 |  |
| 6   | C005001P2           | 196 Walnut        | Str                  | D              | 10:25     |                                    | 2  | 1111111                                |                                       | 2                            | h)     |                   | 4   | 1                          |  |
| 7   | C006001A3           | Clark-Sycar       |                      | D              | 9:25      |                                    |  | //////                                 |                                       | N                            | IN.    |                   | 7   | 24120015°06<br>24120015-07 |  |
| 8   | 11483               | Well #4           |                      | R              | 11:00     | 1                                  | ////   | /////                                  | .,                                    | N                            | W)     | 6                 | 4   |                            |  |
| 9   | 11484               |                   |                      | R              |           |                                    |  |  |                                       | 1 )                          | 15     |                   | 7   | 34120015 08                |  |
|   |                     | Well #5           |                      |                | 10:15     | ///                                | 111  | //////                                 |                                       |                              |        |                   | 0   | 24120015-09                |  |
|   |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   | ,   |                            |  |
|   |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        | ,                 |     | į                          |  |
|   |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |
|   |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |
|   |                     |                   |                      |                |           | +                                  | $\dashv$                                       |  |                                       |                              |        |                   |     |                            |  |
|   |                     |                   |                      |                | <u> </u>  |                                    |  |  |                                       |                              |        |                   | 1   |                            |  |
| Note: Completed report must be retained for minimum of five Method: MF Colilert W3                                |                     |                   |                      |                |           |                                    |  |  | 12324                                 |                              |        |                   |     |                            |  |
| years. When contacting the Agency regarding any of these samples, Reported By:  Date: // Date: / /                |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |
| date collected to identify the sample.  No. of Bottles: Sent: Date: / / Important: This report must be mailed to: |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |
| ILLINOIS ENVIRONMENTAL PROTECTION AGENCY Reason for Replacement:  |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |
| COMPLIANCE ASSURANCE SECTION   Samples more than 30 hours old  DRINKING WATER COMPLIANCE UNIT #19                 |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |
| DRINKING WATER COMPLIANCE UNIT #19  |                     |                   |                      |                |           |                                    |  |  |                                       |                              |        |                   |     |                            |  |

SPRINGFIELD, IL 62794-9276