



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 09, 2024

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

Work Order Number: 24120028

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 - Monthly Fluoride
P.O. No.:

Reported Samples

Lab ID	Sample	Matrix	Qualifiers	Date Sampled	Date Received
24120028-01	TP01	Drinking Water		12/02/2024	12/02/2024



Reported To:

Brian Trainor
Marseilles
209 Lincoln Street
Marseilles, IL 61341

Project: IL0990110 - Monthly Fluoride
P.O. No.:

Laboratory Results

Sample: TP01 24120028-01 [Drinking Water] Grab **Collected**
12/02/24 08:35

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

Fluoride	0.634			mg/L	12/3/24 10:00	GBG	4500F-C
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Marseilles
209 Lincoln Street
Marseilles, IL 61341

Project: IL0990110 - Monthly Fluoride
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.



CHAIN OF CUSTODY RECORD

TEST, INC. • 2323 FOURTH STREET • P.O. BOX 483 • PERU, IL 61354 • (815) 224-1650

Project # 24120028	Client Name: City of Marseilles South		Contact phone number: (815) 795-0215		Specify Regulatory Program: <input type="checkbox"/> None (info only) <input type="checkbox"/> NPDES <input type="checkbox"/> 503 Sludge <input type="checkbox"/> *Other <small>* Please specify in sampler remarks section below.</small>						
Samples Signature: 		email: marseillesup@mtco.com		Analysis Required							
Print Name: Brian Trajnor											
Samp #	Collection Date	Time	Grab Comp				Preservative	pH	Matrix	Qty	Sampling Location
1	12/2/24	8:35	Grab								South Well #1
2	/ /	:									
3	/ /	:									
4	/ /	:									
5	/ /	:									
6	/ /	:									
7	/ /	:									
8	/ /	:									
9	/ /	:									
10	/ /	:									
Relinquished By: 		Date: 12/2/24	Time: 11:50	Received By: 		Date: 12/2/24	Time: 11:50	Sampler Remarks: 			
Relinquished By:		Date: / /	Time: :	Received By:		Date: / /	Time: :				
Relinquished By:		Date: / /	Time: :	Received By:		Date: / /	Time: :				
Relinquished By:		Date: / /	Time: :	Received By:		Date: / /	Time: :				
Lab use only				Field use only							
Samples received on ice ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature of samples: _____ °C		Samples received on ice?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Samples in proper container / bottle ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Sample containers intact ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature of samples:					
Samples received within holding time ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Sufficient sample volume ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Comp _____ °C					
Samples have proper preservative ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	COC properly completed ?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
Laboratory Remarks:											

Illinois Department of Public Health
Fluoride Analysis Report

Analyzed by: TEST Inc.
Certificate #: 100299

To Be Completed by Operator

Completed by Laboratory

County

Facility No.

Fluoride analysis performed by
Laboratory

LaSalle

IL0990110

0.634 mg/L

Fluoride Analysis by
Operator

Tap No.

Collection
Date

Sample Month

Analyst / Official

Date:

.92 mg/L

01 South

12 / 2 / 24

December

[Signature]

12 / 3 / 24

Facility Name: Marselles South

Contact Person: Brian Trainor

Address: 209 Lincoln Street

P.O. Box:

City: Marselles South

State:

IL

Zip Code: 61341

Telephone Number: 815-795-0215

Laboratory Sample
Number: 24120028-01
Notification of Fluoride > 4.0 mg/L