



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: 24120029

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 - Monthly Fluoride
P.O. No.:

Reported Samples

Lab ID	Sample	Matrix	Qualifiers	Date Sampled	Date Received
24120029-02	TP06	Drinking Water		12/02/2024	12/02/2024
24120029-01	TP05	Drinking Water		12/02/2024	12/02/2024



Reported To:

Brian Trainor
 Marseilles
 209 Lincoln Street
 Marseilles, IL 61341

Project: IL0990500 - Monthly Fluoride
P.O. No.:

Laboratory Results

Sample: TP05 24120029-01 [Drinking Water] Grab **Collected 12/02/24 10:45**

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

Fluoride	0.747			mg/L	12/3/24 10:00	GBG	4500F-C
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Sample: TP06 24120029-02 [Drinking Water] Grab **Collected 12/02/24 10:45**

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

Fluoride	0.708			mg/L	12/3/24 10:00	GBG	4500F-C
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Reported To:

Brian Trainor
Marseilles
209 Lincoln Street
Marseilles, IL 61341

Project: IL0990500 - 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 # 04120029	Client Name: City of Marseilles		Contact phone number: (815) 795-0215		email: marseillesup@mtco.com		
Samples Signature: 	Print Name: Brian Trajnor		Preservative	pH	Matrix	Qty	Sampling Location
Samp #	Collection Date	Time	Grab Comp.				
1	12/2/24	10:45	Grab				10 Str. Well #5
2	12/2/24	10:15	Grab				Best Str. Well #6
3	/ /	:					
4	/ /	:					
5	/ /	:					
6	/ /	:					
7	/ /	:					
8	/ /	:					
9	/ /	:					
10	/ /	:					

Specify Regulatory Program:
 None (info only)
 NPDES
 503 Sludge
 *Other
 * Please specify in sampler remarks section below.

Analysis Required	Fluoride	X	X						

Relinquished By: Date: 12/2/24 Time: 11:50
 Received By: Date: 12/2/24 Time: 11:50
 Relinquished By: _____ Date: ___/___/___ Time: ___:___:___
 Received By: _____ Date: ___/___/___ Time: ___:___:___
 Relinquished By: _____ Date: ___/___/___ Time: ___:___:___
 Received By: _____ Date: ___/___/___ Time: ___:___:___

Sampler Remarks: _____
 Laboratory Remarks: _____

Lab use only	Field use only
Samples received on ice?: Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>	Temperature of samples: _____ °C
Samples received within holding time?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sample containers intact?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Samples have proper preservative?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sufficient sample volume?: Yes <input type="checkbox"/> No <input type="checkbox"/>
	COC properly completed?: Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IL0990500

0.747 mg/L

Fluoride Analysis by
Operator


Tap No.
05 / 10th Street

Collection
Date

12 / 2 / 24

Sample Month

December

Analyst / Official


Date:

12 / 3 / 24

92 mg/L

Facility Name: City of Marseilles

Contact Person: Brian Trainor

Laboratory Sample
Number:

24120029-01

Address: 209 Lincoln Street

P.O. Box:

Notification of Fluoride > 4.0 mg/L

City: Marseilles

State:

IL

Zip Code:

61341

Telephone Number: 815-795-0215

**Illinois Department of Public Health
Fluoride Analysis Report**

Analyzed by: TEST Inc.
Certificate #: 100299

To Be Completed by Operator

Completed by Laboratory

Fluoride analysis performed by
Laboratory

LaSalle

Facility No.

IL0990500

Fluoride Analysis by
Operator

Tap No.

06 / Best Street

Collection
Date

12 / 2 / 24

Sample Month

December

.97 mg/L

Analyst / Official



Date:

12 / 3 / 24

0.708 mg/L

Facility Name: City of Marseilles

Contact Person: Brian Trainor

Address: 209 Linccloln Street

City: Marseilles

State:

IL

P.O. Box:

61341

Telephone Number: 815-795-0215

Laboratory Sample
Number: 24120029-02

Notification of Fluoride >4.0 mg/L