



**PDC Laboratories, Inc.**  
 P.O. Box 9071 • Peoria, IL 61612-9071  
 (309) 692-9688 • (800) 752-6651 • FAX (309) 692-9689



**Microbiological Analysis Report**

Cherrydale Subdivision  
 6929 106th Ave. W.  
 Taylor Ridge, IL 61284  
 Attn: Joe Gates (309) 738-1087

Date Received: 06/28/12 10:00  
 Report Date: 07/05/12

Facility No: **IL1615120**  
 Facility Name: **Cherrydale Subdivision**

IDPH Registry No: 17553  
 IEPA Certification No: 100219

Site: **WL31881**  
 Sample No: **2063643-01**  
 Collect Date: **06/27/12 14:00**  
 Sample Collector: **Joe Gates**  
 Residual Chlorine: **Free = NA Total = NA**

Sample Purpose: **RT**  
 Replacement Indicator:  
 Original Lab Sample Number:  
 Sample Rejection Reason:  
 Comments:

Parameters	Result	Analysis Date	Analyst	Method
Total coliform bacteria	Absent	06/28/12 12:34	KJB	SM 9223 B
E. coli	Absent	06/28/12 12:34	KJB	SM 9223 B
Opinion (Coliform)	Satisfactory	06/28/12 12:34	KJB	SM 9223 B

Site: **C001001A3**  
 Sample No: **2063643-02**  
 Collect Date: **06/27/12 14:15**  
 Sample Collector: **Joe Gates**  
 Residual Chlorine: **Free = NA Total = 1.3 mg/L**

Sample Purpose: **RT**  
 Replacement Indicator:  
 Original Lab Sample Number:  
 Sample Rejection Reason:  
 Comments:

Parameters	Result	Analysis Date	Analyst	Method
Total coliform bacteria	Absent	06/28/12 12:34	KJB	SM 9223 B
E. coli	Absent	06/28/12 12:34	KJB	SM 9223 B
Opinion (Coliform)	Satisfactory	06/28/12 12:34	KJB	SM 9223 B

Certified by: Cathryn Dunn, Staff Analyst/Bacti Department Manager

# PDC Laboratories.

2231 West Altorfer Drive

Peoria, IL 61615

Phone: 800-752-6651 Fax: 309-692-9689

Email: jrada@pdcclab.com

2063643

Laboratory Certification Number: 17553

Date and Time in Lab: 6/28/12 - 10:00 AM

Date and Time Analyzed:    /   /   -   :   :

1. Public Water Supply Name: <u>Cherrydale</u>	7. Date Collected: <u>6/27/2012</u>
2. County: <u>Rock Island</u>	8. Sample Collector: <u>Joe Gates</u>
3. Facility Number: <u>1615120</u>	9. Sample Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Boil Order <input type="checkbox"/> Replacement (too old, broken, etc.) <input type="checkbox"/> New Construction # _____ <input type="checkbox"/> Repair or Tower <input type="checkbox"/> Other
4. Surface Supply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Mail Report to: Name <u>Joe Gates</u>	
Address <u>6330 95 Ave Ct W</u>	
City <u>Taylor Ridge</u> State <u>IL</u> Zip <u>61284</u>	<input type="checkbox"/> Repeat (failed sample) <input type="checkbox"/> Invalid Sample Replacement <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____
6. Contact person for unsatisfactory routine samples: Name: <u>Joe Gates</u> Office (309) 787-2031 home Cell (309) 738-1087 Please call PDC (309) 683-1765 for new construction results	

10. Bacteriological Samples				*Lab Use Only					
Bottle # Sample Site # Address - Repeat Samples Only	Sample Type RID/F	Time Collected	Free Total Residual Chlorine (circle)	*11. Coloni s Read	*12. Total Colifor m	*13. Fecal Colifor m	*14. E. Coli	*15. Opinion	*16. Laboratory Sample No.
1 31881	R	20p							
2 C001001A3 3102 143rd Ave Ct	D	215p	1-3						

Method:  Membrane Filter     Colilert     O Tray

Complete report must be retained for a minimum of 5 years

Reported by: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

DPWS Notification for Unsatisfactory Results  
Person Notified: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

No. of Bottles Sent: \_\_\_\_\_  
Date Bottles Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SAMPLES MUST REACH LAB WITHIN 24 HOURS  
AFTER COLLECTION (and be set within 30 hours)**

Reason for Replacement:

- Samples more than 30 hours old
- No Date/Time of Collection
- Laboratory Accident
- Other

\*\*Relinquished By: \_\_\_\_\_ Date & Time \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_:\_\_\_\_ am/pm

Relinquished By: \_\_\_\_\_ Date & Time \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_:\_\_\_\_ am/pm

\*\*WHEN SHIPPED OR PICKED UP - PLEASE SIGN, DATE & TIME.