



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



**Microbiological Analysis Report**

Edgington Water Dept.  
 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: **IL1615550**  
 Facility Name: **Edgington Water Dept.**

IDPH Registry No: 17553  
 IEPA Certification No: 100219

Site: **WL31918**  
 Sample No: **2063642-01**  
 Collect Date: **06/27/12 12:00**  
 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: **WL31919**  
 Sample No: **2063642-02**  
 Collect Date: **06/27/12 12:00**  
 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: **TP01**  
 Sample No: **2063642-03**  
 Collect Date: **06/27/12 12:00**  
 Sample Collector: **Joe Gates**  
 Residual Chlorine: **Free = NA Total = 0.8 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

Site: **C001001A2**  
 Sample No: **2063642-04**  
 Collect Date: **06/27/12 12:15**  
 Sample Collector: **Joe Gates**  
 Residual Chlorine: **Free = NA Total = 0.7 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

TNTC = Too Numerous to Count  
 ND = Not Detected

I = Invalid  
 G = Excessive Growth

H = Exceeded Hold Time  
 NA = Not Available/Applicable

2063642



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### Microbiological Analysis Report

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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: **IL1615550**  
Facility Name: **Edgington Water Dept.**

IDPH Registry No: 17553  
IEPA Certification No: 100219

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@pdclab.com

Laboratory Certification Number: 17553

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

Date and Time Analyzed:     /     /     -     :     :    

*2010 3612-4/10*

1. Public Water Supply Name: Edgington Water District	7. Date Collected: 6/27/2012
2. County: Rock Island	8. Sample Collector: Joe Gates
3. Facility Number: 1615550	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: Joe Gates	
Address: 6330 95 Ave Ct W	
City: Taylor Ridge State: IL Zip: 61284	<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: Joe Gates 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 R/D/F	Time Collected	Free Total Residual Chlorine (circle)	*11. Colonies Read	*12. Total Coliform	*13. Fecal Coliform	*14. E. Coli	*15. Opinion	*16. Laboratory Sample No.
1 31918	R	1200P							
2 31919	R	1200P							
3 1	F	1200P	0.8						
4 C001001A2 15505 137th St W	D	1215P	0.7						

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.