



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



Microbiological Analysis Report

M C L W System, Inc.
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: **IL1315150**
Facility Name: **M C L W System, Inc.**

IDPH Registry No: 17553
IEPA Certification No: 100219

Site: **WL31828**
Sample No: **2063644-01**
Collect Date: **06/27/12 13:30**
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: **C001001A4**
Sample No: **2063644-02**
Collect Date: **06/27/12 13:45**
Sample Collector: **Joe Gates**
Residual Chlorine: **Free = NA Total = 2.0 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@pdclab.com

Laboratory Certification Number: 17553

7063644-2nd

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

Date and Time Analyzed: 1/1/12

1. Public Water Supply Name: MCLW, Inc.	7. Date Collected: 6/27/2012
2. County: Mercer	8. Sample Collector: Joe Gates
3. Facility Number: 1315150	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	
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	<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 # _____

10. Bacteriological Samples				*Lab Use Only					
Bottle # Sample Site # Address - Repeat Samples Only	Sample Type RIDIF	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 31828	R	130p							
2 C001001A4 1790 263rd St	D	145p	20						

Method: Membrane Filter Colilert O Trav

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.