



Pace Analytical Services, LLC

2231 W. Altorfer Drive

Peoria, IL 61615

(800)752-6651

March 16, 2023

John McBride  
ERH Enterprises, Inc.  
PO Box 337  
Westville, IL 61883

RE: IL0755200

Dear John McBride:

Please find enclosed the analytical results for the **5** sample(s) the laboratory received on **3/15/23 8:35 am** and logged in under work order **GC02538**. All testing is performed according to our current TNI accreditations unless otherwise noted. This report cannot be reproduced, except in full, without the written permission of Pace Analytical Services, LLC.

If you have any questions regarding your report, please contact your project manager. Quality and timely data is of the utmost importance to us.

Pace Analytical Services appreciates the opportunity to provide you with analytical expertise. We are always trying to improve our customer service and we welcome you to contact the General Manager, Lisa Grant, with any feedback you have about your experience with our laboratory at 309-683-1764 or [lisa.grant@pacelabs.com](mailto:lisa.grant@pacelabs.com).

A handwritten signature in cursive script that reads "Valerie Bennett".

Valerie Bennett  
Project Manager  
(309)683-1737  
[valerie.bennett@pacelabs.com](mailto:valerie.bennett@pacelabs.com)



ANALYTICAL RESULTS

Sample: GC02538-01
Name: TP01 - TP 01-TREATMENT PLANT
Site: TP01
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 03/14/23 12:40
Sampler: Phil DeLahr

Residual Chlorine: Free = 2.2 mg/L Total = 2.2 mg/L
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Table with 8 columns: Parameter, Result, Unit, Qualifier, Prepped, Analyzed, Analyst, Method. Rows include Microbiology - PIA, Total coliform bacteria, E. coli, and Opinion (Coliform).

Sample: GC02538-02
Name: 10004-03 - 115 COMANCHE TR-ALT
Site: 10004-03
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 03/14/23 13:35
Sampler: Phil DeLahr

Residual Chlorine: Free = 1.35 mg/L Total = 2.11 mg/L
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Table with 8 columns: Parameter, Result, Unit, Qualifier, Prepped, Analyzed, Analyst, Method. Rows include Microbiology - PIA, Total coliform bacteria, E. coli, and Opinion (Coliform).

Sample: GC02538-03
Name: WL47579 - WELL 1 (47579)
Site: WL47579
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 03/14/23 12:50
Sampler: Phil DeLahr

Residual Chlorine: Free = NA Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Table with 8 columns: Parameter, Result, Unit, Qualifier, Prepped, Analyzed, Analyst, Method. Rows include Microbiology - PIA, Total coliform bacteria, E. coli, and Opinion (Coliform).



ANALYTICAL RESULTS

Sample: GC02538-04
Name: WL47580 - WELL 2 (47580)
Site: WL47580
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 03/14/23 13:00
Sampler: Phil DeLahr

Residual Chlorine: Free = NA Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Table with 8 columns: Parameter, Result, Unit, Qualifier, Prepped, Analyzed, Analyst, Method. Rows include Microbiology - PIA, Total coliform bacteria, E. coli, and Opinion (Coliform).

Sample: GC02538-05
Name: WL01883 - WELL 3 (01883)
Site: WL01883
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 03/14/23 13:15
Sampler: Phil DeLahr

Residual Chlorine: Free = NA Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Table with 8 columns: Parameter, Result, Unit, Qualifier, Prepped, Analyzed, Analyst, Method. Rows include Microbiology - PIA, Total coliform bacteria, E. coli, and Opinion (Coliform).



## NOTES

Specifications regarding method revisions, method modifications, and calculations used for analysis are available upon request. Please contact your project manager.

### Certifications

#### CHI - McHenry, IL

TNI Accreditation for Drinking Water, Wastewater, Fields of Testing through IL EPA Lab No. 100279

Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17556

#### PIA - Peoria, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230

Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553

Drinking Water Certifications: Iowa (240); Kansas (E-10338); Missouri (870)

Wastewater Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

Hazardous/Solid Waste Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

#### SPIL - Springfield, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Waste Fields of Testing through IL EPA Lab No. 100323

#### SPMO - Springfield, MO

USEPA DMR-QA Program

#### STL - St. Louis, MO

TNI Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389

TNI Accreditation for Wastewater, Hazardous, and Solid Waste Analysis through IL EPA No. 200080

Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 171050

Missouri Department of Natural Resources

Microbiological Laboratory Service for Drinking Water

\* Not a TNI accredited analyte

Certified by: Valerie Bennett, Project Manager



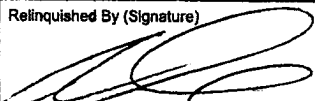
### Bacteria Chain of Custody Record

1. Public Water Supply Name: <u>Lake Iroquois</u>		Lab Use Only	
2. Facility Number: <u>0755200</u>	3. Surface Supply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Login #: <u>GC02538</u>	# of samples
4. Report to: Name: <u>ERH</u> Email: _____		Logged by: <u>Jmw</u>	Date: <u>3-15-23</u>
Address: <u>1810 S State St.</u>		8. Sample Purpose:	
City: <u>Westville</u> State: <u>IL</u> Zip: <u>61883</u>		<input checked="" type="checkbox"/> Routine - Presence/Absence (PIA) <input type="checkbox"/> Boll Order (PIA) <input type="checkbox"/> New Construction (PIA) No.: _____ <input type="checkbox"/> Repair/Maintenance (PIA) <input type="checkbox"/> Other Reason: _____ (circle one)      PIA      MF      Q-Tray	
5. Contact for Unsatisfactory Results: Name: <u>John McBride</u>		<input type="checkbox"/> Repeat (failed sample) <input type="checkbox"/> Replacement (expired, broken, etc.)	
Phone: <u>217-267-2331</u>		Original Sample No.: _____	
6. Sampler Collector: (Printed): <u>Phil DeLahr</u>		Original Collection Date: _____	
Sampler's Signature: _____			
7. Date Collected: <u>3/14/23</u>			

Bottle #	Sample Site # or Name (Address - Repeat Samples Only)	Sample Type RIDIF	Time Collected	Residual Chlorine		*Lab Use Only				
				Free	Total	*Colonies Read	*Total Coliform	*Fecal/E. coli	*Opinion	*Laboratory Sample #
000880	TPI	F	12:40	22	22					
000881	10004 03	D	1:35	1.35	2.11					
000882	47579	R	12:50	-	-					
000883	47580	R	1:00	-	-					
000884	01883	R	1:15	-	-					

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

<b>Lab Use - IEPA Reporting Only</b>		Analyst Initials: _____	
Person Notified: _____	Start Date/Time: _____	Lab Cert (circle):	IL17553(PIA)    IL17556(CHI)
Date/Time Notified: _____	Analysis Date/Time: _____	MO10130(SPR)	IL171050(STL)    MO1050(STL)
Method (Circle): SM9223B (Colifert / Colifert - 18 / Colisure)    SM9222B    Other: _____			

Relinquished By (Signature)	Date	Received By (Signature)	Date	COMMENTS (LAB USE ONLY)
	3/14/23 Time: 1:45pm			
		<u>Van Weyen</u>	3-15-23 Time: 8:35	NO ICE REQUIRED PROPER BOTTLES RECEIVED IN GOOD CONDITION (Y)DR N BOTTLES FILLED WITH ADEQUATE VOLUME (Y)DR N SAMPLES RECEIVED WITHIN HOLD TIME(S) (Y)DR N DATE AND TIME TAKEN FROM SAMPLE BOTTLE _____ walk in