Pace Analytical Services, LLC
2231 W. Altorfer Drive
Peoria, IL 61615
(800)752-6651

November 03, 2022

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 **11/2/22 9:00 am** and logged in under work order **FK00309**. 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 Director of Client Services, Lisa Grant, with any feedback you have about your experience with our laboratory at 309-683-1764 or lisa.grant@pacelabs.com.

Valerie Bennett

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

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ANALYTICAL RESULTS

Sample: FK00309-01
Name: WL47579 - WELL 1 (47579)
Site: WL47579
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 11/01/22 15:20
Sampler: Ron Knapp

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

Parameter	Result	Unit	Qualifier	Prepped	Analyzed	Analyst	Method
Microbiology - PIA							
Total coliform bacteria	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
E. coli	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
Opinion (Coliform)	Satisfactory			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B

Sample: FK00309-02
Name: WL47580 - WELL 2 (47580)
Site: WL47580
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 11/01/22 15:40
Sampler: Ron Knapp

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

Parameter	Result	Unit	Qualifier	Prepped	Analyzed	Analyst	Method
Microbiology - PIA							
Total coliform bacteria	Present			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
E. coli	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
Opinion (Coliform)	Unsatisfactory			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B

Sample: FK00309-03
Name: WL01883 - WELL 3 (01883)
Site: WL01883
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 11/01/22 15:55
Sampler: Ron Knapp

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

Parameter	Result	Unit	Qualifier	Prepped	Analyzed	Analyst	Method
Microbiology - PIA							
Total coliform bacteria	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
E. coli	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
Opinion (Coliform)	Satisfactory			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B

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ANALYTICAL RESULTS

Sample: FK00309-04
Name: TP01 - TP 01-TREATMENT PLANT
Site: TP01
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 11/01/22 16:10
Sampler: Ron Knapp

Residual Chlorine: Free = 2.06 mg/L Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Parameter	Result	Unit	Qualifier	Prepped	Analyzed	Analyst	Method
Microbiology - PIA							
Total coliform bacteria	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
E. coli	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
Opinion (Coliform)	Satisfactory			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B

Sample: FK00309-05
Name: 10004-03 - 115 COMANCHE TR-ALT
Site: 10004-03
Facility: ERH Enterprises, Inc.
Facility #: IL0755200
Sampled: 11/01/22 16:15
Sampler: Ron Knapp

Residual Chlorine: Free = 0.38 mg/L Total = NA
Sample Purpose: RT
Replacement Indicator: NA
Original Sample No: NA
Rejection Reason: NA
Comment: NA

Parameter	Result	Unit	Qualifier	Prepped	Analyzed	Analyst	Method
Microbiology - PIA							
Total coliform bacteria	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
E. coli	Absent			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B
Opinion (Coliform)	Satisfactory			11/02/22 11:40	11/03/22 07:00	JMSW	SM 9223B

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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

Valerie Bennett

Certified by: Valerie Bennett, Project Manager

PDC Laboratories, Inc.

Phone: (800) 752-6651
Fax: (309) 692-9689
www.pdclab.com

Bacteria Chain of Custody Record

1. Public Water Supply Name: Lake Ingram
2. Facility Number: 0755200
3. Surface Supply: ☐ Yes ☒ No
4. Report to:
Name: ERH Enterprises Email:
Address: Box 337
City: Westville State: IL Zip: 61883
5. Contact for Unsatisfactory Results:
Name: John McBride
Phone: 217-267-2331
6. Sampler Collector:
(Printed): Ron Knapp
Sampler's Signature: Ron Knapp
7. Date Collected: 11-1-22

Lab Use Only
Login #.: FK00309 # of samples 5
Logged by: Date: 11/2/22

8. Sample Purpose:
☒ Routine - Presence/Absence (P/A)
☐ Boil Order (P/A)
☐ New Construction (P/A) No.:
☐ Repair/Maintenance (P/A)
☐ Other Reason: Check Sample
(circle one) P/A MF Q-Tray

☐ Repeat (failed sample) ☐ Replacement (expired, broken, etc.)
Original Sample No.:
Original Collection Date:

9. Bacteriological Samples

Bottle #	Sample Site # or Name (Address – Repeat Samples Only)	Sample Type R\D\F	Time Collected	Residual Chlorine Free	Residual Chlorine Total	*Colonies Read	*Total Coliform	*Fecal/ E. coli	*Opinion	*Laboratory Sample #
000852	well #1 47579	R	3:30 p.m.	N/A			A	A	S	FK00309-01
000853	well #2 47580	R	3:40 p.m.	N/A			P	A	U	FK00309-02
000854	well #3 01883	R	3:55 p.m.	N/A			A	A	S	-03
000855	Top #1 Water Plant	R	4:10 p.m.	2.06			A	A	S	-04
000856	10004-03	D	4:30 p.m.	.38			A	A	S	-05

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

Lab Use – IEPA Reporting Only
Analyst Initials: gmsw
Person Notified: Carla 7:25
Start Date/Time 11-2-22 11:40
Lab Cert (circle): IL17553(PIA) IL17556(CHI)
Date/Time Notified: 11-3-22
Analysis Date/Time 11-3-22 7:00
IL17592(SPIL) IL171050(STL) MO1050(STL)
Method (Circle): SM9223B (Colilert / Colilert – 18 / Colisure) | SM9222B | Other:

Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time
Ron Knapp	11-2-22 9:30		

COMMENTS (LAB USE ONLY)

NO ICE REQUIRED
PROPER BOTTLES RECEIVED IN GOOD CONDITION Y OR N
BOTTLES FILLED WITH ADEQUATE VOLUME Y OR N
SAMPLES RECEIVED WITHIN HOLD TIME(S) Y OR N
DATE AND TIME TAKEN FROM SAMPLE BOTTLE

Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

** Attention Sample Collector **

Immediate action is needed on all checked boxes

Water System Number: IL0755200 Water System Name: LAKE IROQUOIS

☐ The routine distribution coliform sample collected on _____ from _____ was positive for ◯total coliform ◯ *E. coli.* Therefore, you must collect **three repeat samples**. One repeat sample must be collected at the **original location**. The second repeat sample must be collected within **five service connections upstream** and the last repeat sample collected within **five service connections downstream**. You **MUST** collect all repeat samples and return to the laboratory by _____ . Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".

IN ADDITION **FOR *GROUND WATER SUPPLIES ONLY*** - If you **do not** have a triggered source water monitoring (TSWM) Special Exception Permit (SEP), you MUST collect a repeat sample for *E. coli* **from each active ground water source** (well) within 24 hours for each coliform positive routine distribution sample. *Example: if you have three TC positive routine distribution samples, you must collect three TSWM samples from each active well. All three well samples may be collected one right after another.*

If you are a ground water purchase water supply you are required to notify your parent supply that you had a routine positive distribution sample within 24 hours of this notification.

☑ The coliform sample collected on 11/1/2022 from WL 47580 was positive for ⓧtotal coliform ◯ *E. coli.* Therefore, you must collect **one repeat sample from the same location**. Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".

☐ The coliform sample collected on _____ from TP _____ was positive for ◯total coliform ◯ *E. coli.* Therefore, you must collect **one repeat sample from the same location**. Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".

☐ A triggered source water sample collected on _____ from WL _____ tested positive for *E. coli*. Therefore, five additional samples must be collected from the well and returned to the laboratory by _____ (within 24 hours of notification).

If any sample in the set of repeat samples is unsatisfactory for any reason, the entire set of three repeat samples must be recollected at the same locations as the first set of repeat samples within 24 hours of notification.

If you are unable to collect repeat samples within 24 hours of notification, you must call the Drinking Water Compliance Unit at 217-785-0561 or your Regional Office and request an extension.

Do NOT discard this document. You are required to keep a copy for your records.

Lab Use Only

Lab Contact and Phone Number	Valerie Bennett (309) 683-1737	Date and Time WS Contacted	11/03/22 @ 7:25am
Laboratory Sample ID #	FK00309-02	Name of Person Contacted and Phone Number	Carla (217) 267-2331

Available online at www.epa.illinois.gov/topics/forms/water-forms/drinking-water-compliance
Illinois EPA DWCU FAX number: 217-782-0075 or scan and e-mail Andrea.Rhodes@illinois.gov