

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

December 08, 2023

Don Harrell Lake St. Louis Community Association 100 Cognac Court Lake St Louis, MO 63367

RE: Lake St Louis Monthly Fecal

Dear Don Harrell:

Please find enclosed the analytical results for the **2** sample(s) the laboratory received on **12/5/23 11:04 am** and logged in under work order **GL00495**. 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.

Jon Refet Handshy

Jon Robert Handshy Analyst (314) 595-7337 Jon.Robert.Handshy@pacelabs.com



SAMPLE RECEIPT CHECK LIST

Items not applicable will be marked as in compliance

Work Order GL00495 YES Samples received within temperature compliance when applicable YES COC present upon sample receipt YES COC completed & legible YES Sampler name & signature present YES Unique sample IDs assigned YES Sample collection location recorded YES Date & time collected recorded on COC YES Relinquished by client signature on COC YES COC & labels match YES Sample labels are legible YES Appropriate bottle(s) received YES Sufficient sample volume received YES Sample containers received undamaged YES Zero headspace, <6 mm present in VOA vials NO Trip blank(s) received YES All non-field analyses received within holding times YES Short hold time analysis YES Current PDC COC submitted NO Case narrative provided



Case Narrative

Cient contacted by pm 12/5/23 in regard to missing bottles for J point and Duello Rd. TS was changed to TSS per client request.



ANALYTICAL RESULTS

Sample: GL00495-01 Name: J. Point Matrix: Non-Aqueou	ıs Liquid - Gi	rab					Sampled: 12/05/2 Received: 12/05/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
General Chemistry - STL									
Solids - total suspended solids (TSS)	15	mg/L		12/06/23 06:58	1	4.0	12/06/23 09:17	MBR	SM 2540D
Microbiology - STL									
Fecal coliform bacteria	20 N	IPN/100 mL		12/05/23 17:02	1	10	12/05/23 17:02	MAS	SM 9223B*
Sample: GL00495-02 Name: Duello R. Matrix: Non-Aqueou	ıs Liquid - G	rab					Sampled: 12/05/2 Received: 12/05/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
<u> General Chemistry - STL</u>									
Solids - total suspended solids (TSS)	< 4.0	mg/L		12/06/23 06:58	1	4.0	12/06/23 09:17	MBR	SM 2540D
Microbiology - STL									
Fecal coliform bacteria	31 N	IPN/100 mL		12/05/23 17:02	1	10	12/05/23 17:02	MAS	SM 9223B*



NOTES

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

* Not a TNI accredited analyte

Certifications

- CHI McHenry, IL 4314-A W. Crystal Lake Road, McHenry, IL 60050 TNI Accreditation for Drinking Water and Wastewater Fields of Testing through IL EPA Accreditation No. 100279 Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory Registry No. 17556
- PIA Peoria, IL 2231 W. Altorfer Drive, Peoria, IL 61615

TNI Accreditation for Drinking Water, Wastewater, Solid and Hazardous Material Fields of Testing through IL EPA Accreditation No. 100230 Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory Registry No. 17553

Drinking Water Certifications/Accreditations: Iowa (240); Kansas (E-10338); Missouri (870) Wastewater Certifications/Accreditations: Arkansas (88-0677); Iowa (240); Kansas (E-10338) Solid and Hazardous Material Certifications/Accreditations: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

- SPMO Springfield, MO 1805 W Sunset Street, Springfield, MO 65807 USEPA DMR-QA Program
- STL Hazelwood, MO 944 Anglum Rd, Hazelwood, MO 63042

TNI Accreditation for Wastewater, Solid and Hazardous Material Fields of Testing through KS KDHE Certification No. E-10389 TNI Accreditation for Wastewater, Solid and Hazardous Material Fields of Testing through IL EPA Accreditation No. - 200080 Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory, Registry No. 171050 Missouri Department of Natural Resources - Certificate of Approval for Microbiological Laboratory Service - No. 1050

For lafet Hauston



Certified by: Jon Robert Handshy, Analyst

PACE ANALYTICAL SERVICES	REGULATORY PROGRAM (CIRCLE):	AM (CIRCLE):		NPDES			CHAIN	CHAIN OF CUSTODY RECORD	
Parp' WWW.PACELABS.COM	MORBCA			RCRA				FOTED IN THE STATE OF MO	
- I acc	CCDD		TACO: RE	TACO: RES OR IND/COMM	MMO		SAMPLE COLL		
	ALL HIGHLIGHTED A	REAS <u>MUST</u> BE COMPLI	ETED BY CL	IENT (PLEA	SE PRINT)				
LAKE ST. LOUIS COMMUNITY ASSOCIATION	Monthly Fecal	PROJECT LOCATION PURCHASE ORDER #	NOIL	PURCHASE C	DRDER #	() SANJ	ANALYSIS REQUESTED		
100 COGNAC COURT	рноие NUMBER (636) 625-8276	E-MAIL HMALONE@LSLCA.COM	CA.COM	DATE SHIPPED	PPED			LOGIN LOLAL AN	
ENT STATE STATE SAINT LOUIS, MO 63367	PLEASE PRIMY	HARDE (1		MATRIX TYPES: wwwwastewater bw-drundo water gw-ground water wwst-sludge	PES:	ш		CLIENT:	
CONTACT PERSON Don Harrell	SAMPLER'S SIGNATURE	Hansel		NAS- NON AQUEOU LCHT-LEACHATE OIL-OIL SO-SOIL SOL-SOLID	a sourb	ofiloD I		CUSTODY SEAL #:	
SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT)	DATE TIME COLLECTED COLLECTED	SAMPLE TYPE GRAB COMP	MATRIX TYPE	BOTTLE	PRES CODE CLIENT PROVIDED	TS Feca		REMARKS	
 J. Point-Sediment Sample 	GI: 11 80.5.61	×		2	5,6	X			
J. Point-Water Sample	125-23 10:15	×		-	5	×			
 Duello RdSediment Sample 	12.5.23 10.29	×		2	5,6	X		2	
,	1	×		-	5	×			
CHEMICAL PRESERVATION CODES: 1 - HCL 2 - H2SO4 3 - H	3 - HNO3 4 - NAOH 5 - N	NA2S203 6 – UNPRESERVED	+	7 – OTHER			-		
INTURNAROUND TIME REQUESTED (PLEASE CIRCLE) NORMAL (RUSH TAT IS SUBJECT TO PACE LABS APPROVAL AND SURCHARGE) NORMAL RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE # IF DIFFERENT FROM ABOVE: PHONE # IF DIFFERENT FROM ABOVE:	AL RUSH	DATE RESULTS NEEDED		understand th not meet all sa olicy and the	hat by initial mple confor data will be TH ANALYSI	ng this box I mance requi qualified. Qu	L understand that by initialing this box I give the lab permission to not meet all sample conformance requirements as defined in the . olicy and the data will be qualified. Qualified data may <u>NOT</u> be ac PROCFEED WITH ANALYSIS AND DUALIFY RESULTS: (INITIALS)	l understand that by initialing this box I give the lab permission to proceed with analysis, even though it may not meet all sample conformance requirements as defined in the receiving facility's Sample Acceptance Policy and the data will be qualified. Qualified data may <u>NOT</u> be acceptable to report to all regulatory authorities. PROCEED WITH ANALYSIS AND QUALIFY RESULTS: (INITIALS)	
		DECENTED DV. (CICHATUDE)			DATE		COMMEN	COMMENTS: (FOR LAB USE ONLY)	-
	5-23 RECEI	RECEIVED BY: (SIGNATURE)			TIME	DH DJ			
					TIME		TEMPLE TEMPERATURE UPON RECEIPT TEMPERATURE GUN ID	テ	
2 JINQUISHED BY: (SIGNATURE) DATE	RECEI	RECEIVED BY: (SIGNATURE)		-	DATE		CHILL PROCESS SIA SAMPLE(S) RECEIVE SAMPLE ACCEPTANU REPORT IS NEEDED DATE AND TIME TAK	CHILL PROLESS STANTED FROM TO RECEIVE TO CHILL PROLESS STANTED FROM TO RECEIVED ON IOE SAMPLE ACCEPTANCE NONCONFORMANT Y OR N REPORT IS NEEDED Y OR N DATE AND TIME TAKEN FROM SAMPLE BOTTLE	
ALLA VALL DEVE		č	U V D	Ĕ	E 194 19000				-

RELINQ changes	7	ANALYSIS REQUESTED: Write the analysis name (or an abbreviation), the name of a group of tests, or the method number you would like us to perform. Examples are BOD,
BOX 6 CA		
A data mia		for non-PACE bottles, provided by the client.
 No he 		PRESERVATION CODE: Indicate bottle preservative using the codes on the front of the COC
 Prope 		MATRIX TYPE: From field above. If "OTHER" please identify
 Anv ci 		combined to make one sample.
Recei		at one time from one specific location. Place a check mark in the box marked COMP if the sample is a composite of samples collected at one or more times or locations and
 Received 		SAMPLE TYPE: Place a check mark in the box marked "GRAB" if the sample was collected
 Suffici 		the time when the last aliquot was added.
 Appro 		TIME COLLECTED. Time sample was collected. For composite samples, this is typically
 Reada 		the date when the last aliquot was added.
 Prope 		DATE COLLECTED: Date sample was collected. For composite samples, this is typically
Continue		analytical report
Summar		SAMPLE DESCRIPTION. The unique sample description you want to appear on the
Policy.		
Your proj		STATE WHERE SAMPLES COLLECTED: Enter the state if different from client address
the corre		REGULATORY PROGRAM: Circle regulatory program if applicable.
you rega		SAMPLER'S SIGNATURE: Signature of sample collector
Place yo		SAMPLER: Printed name of sample collector
2	6	DATE SHIPPED: Month, date and year samples were shipped or delivered to the lab
		E-MAIL: Client's e-mail for correspondence and final report
from that		PHONE NUMBER: Client's contact phone number
results b		PURCHASE ORDER NUMBER: Client's invoicing information
RUSH R		PROJECT LOCATION: Client's location of project
routine tu		thesesamples.
possible,		PROJECT NUMBER: Client's reference to the project or work involved with
TAT. If fa		CONTACT PERSON: Person to receive results
TURNAF	сл	CITY, STATE, ZIP: Client's city, state and zip code for mailing
		ADDRESS: Client's mailing address
To be co	4	CLIENT: Client's company name

N

REMARKS: List special instructions about the sample here. This space can also be correspond to the sample(s) on which you want these tests performed TCLP Metals, PCBs, Method 624, etc. Place a check mark in the small boxes that ω

sent to an alternate person/address. used for listing additional analyses, or to request an extra copy of the report to be

- > 5 2 impleted by laboratory personnel
- aster results are needed circle "RUSH", indicated the due date requested, and, , call the lab in advance to schedule this work. Surcharges may apply for non-ROUND TIME REQUESTED: Circle "NORMAL" if you want routine 10 working day irnaround times.

Page 7 of 7

y circling either "PHONE" or E-MAIL". List the appropriate number/e-mail if different t listed in section 1. ESULTS VIA: Choose method by which you would like to receive the RUSH

ject manager for further information or to obtain a copy of the Sample Acceptance sponding analysis and may not be acceptable to use for regulatory purposes. Contact quirements then the appropriate case narrative and/or data qualifiers will be added to ur initials on the line to give the lab permission to proceed with analysis <u>without</u> calling irding a sample nonconformance. If the sample does not meet the Sample Acceptance

ized Sample Acceptance Policy Requirements

- r, full and completed chain-of-custody documentation
- able unique sample container identification written in indelible ink
- priate sample container
- ient sample volume to perform requested tests
- ved within required holding time
- ved within temperature preservation requirements
- le containers received in good condition (not leaking or broken)
- ustody seal intact
- adspace in volatile water samples rly preserved, and

NNOT BE USED FOR DRINKING WATER COMPLIANCE SAMPLES ptance requirements are not met lifier and/or case narrative will be added to the final test report when the above

- hands. Chain-of-Custody seals are available upon request if needed UISHED BY/RECEIVED BY: This form must be signed each time the sample(s)
- 8 To be completed by laboratory personnel.

Sample Acceptance Policy – Receiving facility's specific policy available from your project manager.

SERVING YOU IN THE FOLLOWING LOCATIONS

2231 W Altorfer Dr Peoria, IL 61615 309-692-9688

> Hazelwood, MO 63042 944 Anglum Road

314-432-0550

Springfield, MO 65807 1805 W Sunset St.

4314-A Crystal Lake Rd McHenry, IL 60050 815-344-4044

417-964-8924

Thank you for using Pace Analytical Services, LLC

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Please call 800-752-6651 if you have any questions about completing this form.

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