



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.

A handwritten signature in black ink that reads "Jon Robert 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



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Case Narrative

Client 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-Aqueous Liquid - Grab

Sampled: 12/05/23 10:15
Received: 12/05/23 11:04

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Contains data for General Chemistry - STL (Solids - total suspended solids) and Microbiology - STL (Fecal coliform bacteria).

Sample: GL00495-02
Name: Duello R.
Matrix: Non-Aqueous Liquid - Grab

Sampled: 12/05/23 10:28
Received: 12/05/23 11:04

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Contains data for General Chemistry - STL (Solids - total suspended solids) and Microbiology - STL (Fecal coliform bacteria).



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



Certified by: Jon Robert Handshy, Analyst

1

CLIENT: Client's company name
ADDRESS: Client's mailing address
CITY, STATE, ZIP: Client's city, state and zip code for mailing
CONTACT PERSON: Person to receive results
PROJECT NUMBER: Client's reference to the project or work involved with these samples.
PROJECT LOCATION: Client's location of project
PURCHASE ORDER NUMBER: Client's invoicing information
PHONE NUMBER: Client's contact phone number
E-MAIL: Client's e-mail for correspondence and final report
DATE SHIPPED: Month, date and year samples were shipped or delivered to the lab
SAMPLER: Printed name of sample collector
SAMPLER'S SIGNATURE: Signature of sample collector
REGULATORY PROGRAM: Circle regulatory program if applicable.
STATE WHERE SAMPLES COLLECTED: Enter the state if different from client address

4

To be completed by laboratory personnel.

5

TURNAROUND TIME REQUESTED: Circle "NORMAL" if you want routine 10 working day TAT. If faster results are needed circle "RUSH", indicated the due date requested, and, if possible, call the lab in advance to schedule this work. Surcharges may apply for non-routine turnaround times.
RUSH RESULTS VIA: Choose method by which you would like to receive the RUSH results by circling either "PHONE" or "E-MAIL". List the appropriate number/e-mail if different from that listed in section 1.

6

Place your initials on the line to give the lab permission to proceed with analysis without calling you regarding a sample nonconformance. If the sample does not meet the Sample Acceptance Policy requirements then the appropriate case narrative and/or data qualifiers will be added to the corresponding analysis and may not be acceptable to use for regulatory purposes. Contact your project manager for further information or to obtain a copy of the Sample Acceptance Policy.

2

SAMPLE DESCRIPTION: The unique sample description you want to appear on the analytical report
DATE COLLECTED: Date sample was collected. For composite samples, this is typically the date when the last aliquot was added.
TIME COLLECTED: Time sample was collected. For composite samples, this is typically the time when the last aliquot was added.
SAMPLE TYPE: Place a check mark in the box marked "GRAB" if the sample was collected 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 combined to make one sample.
MATRIX TYPE: From field above. If "OTHER" please identify
BOTLE COUNT: Total number of containers submitted for the samples
PRESERVATION CODE: Indicate bottle preservative using the codes on the front of the COC for non-PACE bottles, provided by the client.

Summarized Sample Acceptance Policy Requirements:

- Proper, full and completed chain-of-custody documentation
- Readable unique sample container identification written in indelible ink
- Appropriate sample container
- Sufficient sample volume to perform requested tests
- Received within required holding time
- Received within temperature preservation requirements
- Sample containers received in good condition (not leaking or broken)
- Any custody seal intact
- Properly preserved, and
- No headspace in volatile water samples

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.
BOX 6 CANNOT BE USED FOR DRINKING WATER COMPLIANCE SAMPLES.

3

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, TCLP Metals, PCBs, Method 624, etc. Place a check mark in the small boxes that correspond to the sample(s) on which you want these tests performed.
REMARKS: List special instructions about the sample here. This space can also be used for listing additional analyses, or to request an extra copy of the report to be sent to an alternate person/address.

7

RELINQUISHED BY/RECEIVED BY: This form must be signed each time the sample(s) changes hands. Chain-of-Custody seals are available upon request if needed.

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

944 Anglum Road
 Hazelwood, MO 63042
 314-432-0550

1805 W Sunset St.
 Springfield, MO 65807
 417-964-8924

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

Thank you for using Pace Analytical Services, LLC
 Please call 800-752-6651 if you have any questions about completing this form.