



Pace Analytical Services, LLC

2231 W. Altorfer Drive

Peoria, IL 61615

(800)752-6651

July 21, 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 **7/11/23 9:47 am** and logged in under work order **GG01173**. 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 "Amy Holmes".

Amy Holmes  
Project Manager  
(314) 595-7336  
[amy.holmes@pacelabs.com](mailto:amy.holmes@pacelabs.com)



**SAMPLE RECEIPT CHECK LIST**

Items not applicable will be marked as in compliance

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Work Order GG01173

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|     |  |
|-----|--|
| 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  |



ANALYTICAL RESULTS

Sample: GG01173-01
Name: Duello R.-Sediment Sample
Matrix: Sediment - Grab

Sampled: 07/11/23 08:06
Received: 07/11/23 09:47

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

Sample: GG01173-02
Name: J. Point-Sediment Sample
Matrix: Sediment - Grab

Sampled: 07/11/23 08:17
Received: 07/11/23 09:47

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Includes rows for General Chemistry - STL (Solids - total 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

*Amy F Holmes*



Certified by: Amy Holmes, Project Manager

|                              |        |
|------------------------------|--------|
| REGULATORY PROGRAM (CIRCLE): | NPDES  |
|                              | MORBCA |
|                              | CCDD   |
| TACO: RES OR IND/COMM        |        |

**1** CLIENT: LAKE ST. LOUIS COMMUNITY ASSOCIATION  
 ADDRESS: 100 COGNAC COURT  
 CITY: LAKE SAINT LOUIS, MO 63367  
 STATE: MO  
 ZIP: 63367  
 CONTACT PERSON: HEATHER MALONE

**2** SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT)  
 Doe/lo Rd.  
 " "  
 V. Point  
 " "

**3** ANALYSIS REQUESTED: Iron Related Bacteria

**4** (FOR LAB USE ONLY)  
 LOGGED BY: CGO1173  
 LOGGED BY: \_\_\_\_\_  
 CLIENT: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 PROJ. MGR: \_\_\_\_\_  
 CUSTODY SEAL #: \_\_\_\_\_

**5** CHEMICAL PRESERVATION CODES: 1 - HCL 2 - H2SO4 3 - HNO3 4 - NAOH 5 - NA2S2O3 6 - UNPRESERVED 7 - OTHER  
 TURNAROUND TIME REQUESTED (PLEASE CIRCLE) (RUSH TATS SUBJECT TO PACE LABS APPROVAL AND SURCHARGE)  
 RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE  
 EMAIL IF DIFFERENT FROM ABOVE: PHONE # IF DIFFERENT FROM ABOVE:

**6** I 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 NOT be acceptable to report to all regulatory authorities.  
 PROCEED WITH ANALYSIS AND QUALIFY RESULTS: (INITIALS)

**7** RELINQUISHED BY: (SIGNATURE) DATE 7-11-23 TIME 9:47  
 RELINQUISHED BY: (SIGNATURE) DATE TIME  
 RELINQUISHED BY: (SIGNATURE) DATE TIME

**8** COMMENTS: (FOR LAB USE ONLY)  
 SAMPLE TEMPERATURE UPON RECEIPT: 18.0 °C  
 TEMPERATURE GUN ID: \_\_\_\_\_  
 CHILL PROCESS STARTED PRIOR TO RECEIPT: \_\_\_\_\_  
 SAMPLE(S) RECEIVED ON ICE: \_\_\_\_\_  
 SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED: \_\_\_\_\_  
 DATE AND TIME TAKEN FROM SAMPLE BOTTLE: \_\_\_\_\_

| DATE COLLECTED | TIME COLLECTED | SAMPLE TYPE | COMP | MATRIX TYPE | BOTTLE COUNT | PRES CODE | CLIENT PROVIDED | REMARKS                 |
|----------------|----------------|-------------|------|-------------|--------------|-----------|-----------------|-------------------------|
| 7-11-23        | 8:06           | X           |      |             |              |           |                 | 120ml Plastic Container |
| 7-11-23        | 8:06           | X           |      |             |              |           |                 | 120ml Plastic Container |
| 7-11-23        | 8:17           | Y           |      |             |              |           |                 |                         |
| 7-11-28        | 8:17           | Y           |      |             |              |           |                 |                         |

REGULATORY PROGRAM (CIRCLE):  
 MORBCA  
 CCDD

NPDES  
 RCRA  
 TACO: RES OR IND/COMM

**CHAIN OF CUSTODY RECORD**  
 SAMPLE COLLECTED IN THE STATE OF MO

CLIENT: **LAKE ST. LOUIS COMMUNITY ASSOCIATION**  
 ADDRESS: **100 COGNAC COURT**  
 CITY: **LAKE SAINT LOUIS, MO 63367**  
 CONTACT PERSON: **Don Harrell**

PROJECT NUMBER: **Monthly Fecal**  
 PHONE NUMBER: **(636) 625-8276**  
 E-MAIL: **HMALONE@LSLCA.COM**

DATE COLLECTED: \_\_\_\_\_  
 TIME COLLECTED: \_\_\_\_\_  
 SAMPLE TYPE: \_\_\_\_\_  
 COMP: \_\_\_\_\_

SAMPLER'S SIGNATURE: \_\_\_\_\_  
 DATE SHIPPED: \_\_\_\_\_  
 MATRIX TYPES:  
 WW-WASTEWATER  
 DW-DRAINAGE WATER  
 GW-GROUND WATER  
 WWSL-SLUDGE  
 NAS-NON AQUEOUS SOLID  
 LTL-LEACHATE  
 OIL-OIL  
 SO-SOIL

BOTTLE COUNT: \_\_\_\_\_  
 PREVIOUS CODE PROVIDED: \_\_\_\_\_

| DATE COLLECTED | TIME COLLECTED | SAMPLE TYPE | COMP | MATRIX TYPE | BOTTLE COUNT | PREVIOUS CODE PROVIDED | ANALYSIS REQUESTED | REMARKS   |
|----------------|----------------|-------------|------|-------------|--------------|------------------------|--------------------|---|
|                |                | X           |      |             | 2            | 5,6                    | Fecal Coliform     |   |
|                |                | X           |      |             | 1            | 5                      |                    |   |
|                |                | X           |      |             | 2            | 5,6                    |                    |   |
|                |                | X           |      |             | 1            | 5                      |                    | Client signed the wrong chain, this is the correct chain and analysis DUO 7-11-23 |

DATE RESULTS NEEDED: \_\_\_\_\_

TURNAROUND TIME REQUESTED (PLEASE CIRCLE) (RUSH TAT IS SUBJECT TO PACE LABS APPROVAL AND SURCHARGE)  
 NORMAL  
 RUSH

RECEIVED BY: (SIGNATURE) \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_

RECEIVED BY: (SIGNATURE) \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_

RECEIVED BY: (SIGNATURE) \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_

TEMPERATURE UPON RECEIPT: \_\_\_\_\_ °C  
 TEMPERATURE GUN ID: \_\_\_\_\_  
 CHILL PROCESS STARTED PRIOR TO RECEIPT: \_\_\_\_\_ Y OR N  
 SAMPLE(S) RECEIVED ON ICE: \_\_\_\_\_ Y OR N  
 SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED: \_\_\_\_\_ Y OR N  
 DATE AND TIME TAKEN FROM SAMPLE BOTTLE: \_\_\_\_\_