



Pace Analytical Services, LLC

2231 W. Altorfer Drive

Peoria, IL 61615

(800)752-6651

November 06, 2025

Lake St. Louis Comm Assoc
Lake St. Louis Community Association
100 COGNAC COURT
LAKE ST LOUIS, MO 63367

RE: Lake St Louis Effluent

Dear Lake St. Louis Comm Assoc:

Please find enclosed the analytical results for the **8** sample(s) the laboratory received on **11/3/25 10:20 am** and logged in under work order **IK00083**. 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, reading 'Jon Robert Handshy'.

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



ANALYTICAL RESULTS

Sample: IK00083-01

Name: Paris ct

Matrix: Water

Sampled: 11/03/25 09:20

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	31	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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Sample: IK00083-02

Name: Isle De- Fleur

Matrix: Water

Sampled: 11/03/25 09:14

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	< 10	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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Sample: IK00083-03

Name: Main Marian

Matrix: Water

Sampled: 11/03/25 08:53

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	10	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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Sample: IK00083-04

Name: Club

Matrix: Water

Sampled: 11/03/25 09:27

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	< 10	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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ANALYTICAL RESULTS

Sample: IK00083-05

Name: Villa's

Matrix: Water

Sampled: 11/03/25 09:09

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	31	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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Sample: IK00083-06

Name: Lakewood

Matrix: Water

Sampled: 11/03/25 08:09

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	84	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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Sample: IK00083-07

Name: Timberline

Matrix: Water

Sampled: 11/03/25 08:20

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	10	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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Sample: IK00083-08

Name: Donnie's Point

Matrix: Water

Sampled: 11/03/25 08:42

Received: 11/03/25 10:20

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Microbiology - STL

E. coli	187	MPN/100 mL		11/03/25 14:28	1	10	11/03/25 14:28	NDM	SM 9223B - QT*
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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.

* 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

Pace®

Location Requested (City/State):

Pace-Hazlewood, MO
944 Anglin Rd.

CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

LAB USE ONLY- Affix Workorder/Login Label Here

Scan QR Code for instructions

Company Name: Lake St Louis Comm Assoc.
Street Address:
100 Cognac Ct
Lake St. Louis, mo. 63379

Contact/Report To: Ron Skeen
Phone #: 636-497-7214
E-Mail:
Cc E-Mail:

Customer Project #:

Invoice to:

Project Name:

Invoice E-mail:

Site Collection Info/Facility ID (as applicable):

Purchase Order # (if applicable):
Quote #:

Time Zone Collected: [] AK [] PT [] MT [] CT [] ET

County / State origin of sample(s):

Data Deliverables:

Regulatory Program (DW, RCRA, etc.) as applicable:

Reportable [] Yes [] No

[] Level II [] Level III [] Level IV
[] EQUIS
[] Other _____

Rush (Pre-approval required):

[] Same Day [] 1 Day [] 2 Day [] 3 Day Other _____

DW PWSID # or WW Permit # as applicable:

Date Results Requested:

Field Filtered (if applicable): [] Yes [] No
Analysis:

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Waste (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start		Collected or Composite End		# Cont.	Residual Chlorine	
			Date	Time	Date	Time		Result	Units
Panick ct			11-3-25	9:20					
Ile De-Fleur			11-3-25	9:14 AM					
Main Maroon			11-3-25	8:53 AM					
Club			11-3-25	9:27					
Villas			11-3-25	9:09 AM					
Lakewood			11-3-25	8:09 PM					
timberline			11-3-25	8:20 AM					
Dennie's Point			11-3-25	8:42 AM					

Additional Instructions from Pace® :

Collected By:

Printed Name

Signature

Customer Remarks / Special Conditions / Possible Hazards:

Relinquished by/Company: (Signature) Scott Mott

Date/Time:

11-3-25

Received by/Company: (Signature) Anderson

Date/Time:

11/3/25 1020

Tracking Number:

Relinquished by/Company: (Signature)

Date/Time:

Received by/Company: (Signature)

Date/Time:

Delivered by: [] In-Person [] Courier

Relinquished by/Company: (Signature)

Date/Time:

Received by/Company: (Signature)

Date/Time:

[] FedEx [] UPS [] Other

Relinquished by/Company: (Signature)

Date/Time:

Received by/Company: (Signature)

Date/Time:

Page: of

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace® Terms and Conditions found at <https://www.pacelabs.com/resource-library/resource/pace-terms-and-conditions/>

ENV-FRM-CORQ-0019 v02 110123 ©

Observed Temp (Deg C) 8.5 Corrected Temp (Deg C) 8.2

Delivery Method: FedEx UPS **(Walk-in)** USPS Other

Chain of Custody Instructions

***Pace Location Requested:** City and State of Pace Laboratory testing is to be performed at.

***Company Name:** Client's company name

***Street Address:** Client's mailing address

***City, State, Zip:** Client's city, state and zip code for mailing

***Contact/ Report to:** Person to receive results

Customer Project # and Project Name: Client's reference to the project or work involved with these samples.

Site Collection Info/ Facility ID: Client's location of project

Time Zone: Check time zone of sample to ensure proper hold times are met.

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Invoice To: Client contact the project invoice needs to be emailed to.

Invoice Email: Email address that project invoice will need to be emailed to

***Phone #:** Client's contact phone number

E-mail: Client's e-mail for correspondence and final report

Regulatory Program: List the program that is guiding the work to ensure proper regulations are followed: DW, RCRA, etc.

Data Deliverable: Please select or enter required deliverables.

***County/State Origin of Samples:** Enter the county to ensure proper handling of regulated soils. State required to ensure proper reporting.

Field Filtered: Indicate if samples have been filtered in the field. If samples are required to be field filtered and filtering is not indicated, a qualifier will be added to all associated data.

***Customer Sample ID:** The unique sample ID you want to appear on the analytical report

***Collected Date:** Date sample was collected. For composite samples, please fill in both beginning and end date.

***Collected Time:** Time sample was collected. For composite samples, please fill in both beginning and end time.

***Comp/Grab:** Please denote "GRAB" if the sample was collected at one time from one specific location. Please denote "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample.

***Matrix:** Select from list provided list. If prepopulated chain is provided for you matrix codes may vary.

***Number and Type of Containers:** Total number of containers per container type submitted for the samples

***Container Size:** Specify container size from list.

***Container Preservation Type:** Specify sample preservation from provided list.

***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.

Sample Comment: List any notes or important information about the individual sample here. Please identify in the sample comment if a sample should be used for MS/MSD.

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible. 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, etc.

Rush request: If faster than standard turnaround time results are needed. Circle one of the rush options and note the day the results are requested by. All rush requests require preapproval by the laboratory. Surcharges will apply for non- standard turnaround times. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

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
- No headspace in volatile water samples
- **Note:** When sample specific Quality Control is required (e.g. MS/MSD) please ensure necessary sample containers and sample volume is provided.

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.

Location Specific Sample Acceptance Policy available from your Project Manager

***Collected By:** Printed name of sample collector

***Collected By Signature:** Signature of sample collector

***Relinquished By/Received By:** This form must be signed each time the sample(s) changes hands. Custody seals are available upon request if needed.

***Required field:** Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.

ENV-FRM-PEOR-0098 v05 Sample Condition Upon Receipt

Client Name: Lake St. Louis Comm Assoc. Work Order #: 1K00083 Completed by / Date: MG 11/3/25

Custody seal on cooler/box present and seal intact:	☐ Yes ☐ No ☒ N/A
Chain of Custody (CoC) Present:	☒ Yes ☐ No
CoC is Legible:	☒ Yes ☐ No
Sampler Name Present on CoC:	☐ Yes ☒ No
Sampler Signature Present on CoC:	☐ Yes ☒ No
Sample Collection Date Present on CoC:	☒ Yes ☐ No
Sample Collection Time Present on CoC:	☒ Yes ☐ No
CoC Relinquished by Client:	☒ Yes ☐ No
Unique Sample ID's Present on CoC:	☒ Yes ☐ No
CoC and Sample Container Labels Match:	☒ Yes ☐ No
Sample chilling process started prior to receipt:	☒ Yes ☐ No ☐ N/A
If yes, what type of ice:	☒ Wet ☐ Blue
Samples received within temperature compliance: ($\leq 6^{\circ}\text{C}$, but above freezing or received same day collected and chill process started prior to receipt)	☒ Yes ☐ No ☐ N/A
Container(s) Received Intact:	☐ Yes ☐ No
Containers Received Labeled and Labels are Legible:	☐ Yes ☐ No
Appropriate Bottles Received for Analysis Requested:	☐ Yes ☐ No
Sufficient Sample Volume Received:	☐ Yes ☐ No
USDA Regulated Soil:	
Country of Origin:	☐ Yes ☐ No ☒ N/A
State of Origin:	
Trip Blank(s) Received:	☐ Yes ☐ No ☒ N/A
If present, are they Listed on CoC:	☐ Yes ☐ No
VOA vials are free of any headspace larger than pea sized bubble (>6mm) – Applies to methods 8260, 624, 524.2 - including THM vials	☐ Yes ☐ No ☒ N/A
If headspace is present, note sample ID and # of vials	
All (Non-Field) Analysis Received Within Hold Times:	☒ Yes ☐ No
Rush Turn Around Time Requested or Time Sensitive Analysis:	☐ Yes ☒ No
Short Hold Time Analysis (48 Hours or Less):	☒ Yes ☐ No

Client Notification/ Resolution:

If checked, please see attached form for additional comments ☐

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

PM Review is documented electronically in LIMS. By releasing the project, the PM acknowledges they have reviewed the sample.

WORK ORDER #: 1K00083 INITIALS: MG

Plastic Bottles										
	1	2	3	4	5	6	7	8	9	10
P, U, 1000ml - Total										
P, U, 250ml										
P, U, 500ml - Total										
P, U, 500ml - Diss										
P, 250ml/500ml H ₂ SO ₄ - Total										
P, 250ml/500ml H ₂ SO ₄ - Diss										
P, 250ml/500ml NaOH										
P, 250ml/500ml HNO ₃ - Total										
P, 250ml/500ml HNO ₃ - Diss										
P, 500ml NaOH + ZnAc										
P, U, 150ml/4oz TC										
P, 2.5L HNO ₃										
P, U, 2.5L										
P, U, 50ml										
S, P, 120ml Na ₂ S ₂ O ₃	1	1	1	1	1	1	1	1		
P, 16oz - Soil/Sludge										

Amber Glass Bottles - Vials										
A, G, U, 1000ml										
A, G, 1000ml HCl										
A, G, 1000ml MeCl ₂										
A, G, 500ml H ₂ SO ₄										
A, G, U, 500ml										
A, G, U, 250ml H ₂ SO ₄										
A, G, U, 250ml										
A, V, 40ml H ₂ SO ₄										
A, V, U, 60ml										

Clear Glass Bottles - Soil/Sludge Jars - Vials										
C, G, 1000ml HCl										
C, G, U, 1000ml										
C, G, U, 250ml - LLHg										
C, G, U, 250ml - LLHg - FB										
C, G, 16oz - Soil Jar										
C, G, 9oz - Soil Jar										
C, G, 4oz - Soil Jar										
C, G, 2oz - Soil Jar										
C, V, 40ml TSP										
C, V, 40ml HCl										
C, V, U, 40ml										
C, V, 40ml Na ₂ S ₂ O ₃										
C, V, 40ml MeOH										
C, V, 40ml Sodium Bisulfate										
C, V, U, 60ml										

Client Supplied										
Description										