



Pace Analytical Services, LLC

2231 W. Altorfer Drive

Peoria, IL 61615

(800)752-6651

March 01, 2023

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

RE: Monthly Fecal-Jefferson Point

Dear Don Harrell:

Please find enclosed the analytical results for the **2** sample(s) the laboratory received on **2/22/23 8:25 am** and logged in under work order **GB03874**. 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 GB03874

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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: GB03874-01
Name: Sediment Sample
Alias: Jefferson Point

Sampled: 02/22/23 07:09
Received: 02/22/23 08:25
Matrix: Surface Water - Grab

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row: Solids - total solids (TS), 570 mg/L, Pc, Sc, X, 02/27/23 14:05, 1, 17, 02/27/23 14:30, SEC/RSB, SM 2540B 1991

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row: Fecal coliform bacteria, 10 MPN/100 mL, 02/22/23 12:01, 1, 10, 02/22/23 12:01, SEC, SM 9223B\*

Sample: GB03874-02
Name: Water Sample
Alias: Jefferson Point

Sampled: 02/22/23 07:09
Received: 02/22/23 08:25
Matrix: Surface Water - Grab

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row: Fecal coliform bacteria, 41 MPN/100 mL, 02/22/23 12:01, 1, 10, 02/22/23 12:01, SEC, 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

**Qualifiers**

- Pc Chemical preservation discrepancy noted at the time of analysis
- Sc Sample received in an inappropriate container.
- X Samples arrived in IDEX cup. Potentially has Na2SO3 in sample as preservative

*Amy F. Holmes*



Certified by: Amy Holmes, Project Manager



PACE ANALYTICAL SERVICES  
WWW.PACELABS.COM

REGULATORY PROGRAM (CIRCLE):  
MORBCA  
CCDD

NPDES  
RCRA  
TACO: RES OR IND/COMM

CHAIN OF CUSTODY RECORD  
SAMPLE COLLECTED IN THE STATE OF MO

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT LAKE ST. LOUIS COMMUNITY ASSOCIATION ADDRESS 100 COGNAC COURT CITY LAKE SAINT LOUIS, MO 63367 CONTACT PERSON Don Harrell		PROJECT LOCATION Jefferson Point E-MAIL JEFFERSON@LSLCA.COM HBecker Don Harrell Don Harrell		PURCHASE ORDER # DATE SHIPPED MATRIX TYPES: WW-WASTEWATER GW-GROUND WATER WWIL-SLUDGE LW-LEACHATE LCL-LEACHATE OIL-OIL SOL-SOLID		ANALYSIS REQUESTED 3 Fecal Coliform TS		(FOR LAB USE ONLY) 4 LOGIN # LOGGED BY: GBO3874 CLIENT: PROJECT: PROJ. MGR.: CUSTODY SEAL #: REMARKS Jefferson Point	
PROJECT NUMBER Monthly Fecal PHONE NUMBER (636) 625-8276 SAMPLER (PLEASE PRINT) Don Harrell SAMPLER'S SIGNATURE Don Harrell		PROJECT LOCATION Jefferson Point E-MAIL JEFFERSON@LSLCA.COM HBecker Don Harrell Don Harrell		PURCHASE ORDER # DATE SHIPPED MATRIX TYPES: WW-WASTEWATER GW-GROUND WATER WWIL-SLUDGE LW-LEACHATE LCL-LEACHATE OIL-OIL SOL-SOLID		ANALYSIS REQUESTED 3 Fecal Coliform TS		(FOR LAB USE ONLY) 4 LOGIN # LOGGED BY: GBO3874 CLIENT: PROJECT: PROJ. MGR.: CUSTODY SEAL #: REMARKS Jefferson Point	
SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT) Sediment Sample Water Sample		SAMPLE TYPE COMP X X		BOTTLE COUNT 1 1		PRES CODE CLIENT PROVIDED 5 5		REMARKS Jefferson Point	
DATE COLLECTED 2-22-23 2-20-23		TIME COLLECTED 7:09 7:09		MATRIX TYPE 5 - UNPRESERVED		BOTTLE COUNT 1 1		PRES CODE CLIENT PROVIDED 5 5	
CHEMICAL PRESERVATION CODES: 1 - HCL 2 - H2SO4 3 - HNO3 4 - NAOH 5 - NA2S2O3 6 - UNPRESERVED 7 - OTHER		DATE RESULTS NEEDED DATE RECEIVED BY: (SIGNATURE) Ji Clark		DATE RECEIVED BY: (SIGNATURE) Ji Clark		COMMENTS: (FOR LAB USE ONLY) 8 SAMPLE TEMPERATURE UPON RECEIPT TEMPERATURE GUN ID 11.6 °C CHILL PROCESS STARTED PRIOR TO RECEIPT SAMPLE(S) RECEIVED ON ICE SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED DATE AND TIME TAKEN FROM SAMPLE BOTTLE		COMMENTS: (FOR LAB USE ONLY) 8 SAMPLE TEMPERATURE UPON RECEIPT TEMPERATURE GUN ID 11.6 °C CHILL PROCESS STARTED PRIOR TO RECEIPT SAMPLE(S) RECEIVED ON ICE SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED DATE AND TIME TAKEN FROM SAMPLE BOTTLE	
TURNAROUND TIME REQUESTED (PLEASE CIRCLE) (RUSH TAT IS SUBJECT TO PACE LABS APPROVAL AND SURCHARGE) NORMAL RUSH RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE EMAIL IF DIFFERENT FROM ABOVE: PHONE # IF DIFFERENT FROM ABOVE:		DATE RELINQUISHED BY: (SIGNATURE) Don Harrell TIME 8:25 DATE RELINQUISHED BY: (SIGNATURE) Don Harrell		DATE RELINQUISHED BY: (SIGNATURE) Ji Clark TIME 8:25 DATE RELINQUISHED BY: (SIGNATURE) Ji Clark		DATE RELINQUISHED BY: (SIGNATURE) Ji Clark TIME 8:25 DATE RELINQUISHED BY: (SIGNATURE) Ji Clark		COMMENTS: (FOR LAB USE ONLY) 8 SAMPLE TEMPERATURE UPON RECEIPT TEMPERATURE GUN ID 11.6 °C CHILL PROCESS STARTED PRIOR TO RECEIPT SAMPLE(S) RECEIVED ON ICE SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED DATE AND TIME TAKEN FROM SAMPLE BOTTLE	

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

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.

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.

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.

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.**

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