



**PDC Laboratories, Inc.**  
 P.O. Box 9071 • Peoria, IL 61612-9071  
 (309) 692-9688 • (800) 752-6651 • FAX (309) 692-9689



**Microbiological Analysis Report**

Hidden Meadows Homeowners Assoc.  
 6929 106th Ave. W.  
 Taylor Ridge, IL 61284  
 Attn: Joe Gates (309) 738-1087

Date Received: 06/28/12 10:00  
 Report Date: 07/05/12

Facility No: **IL1610130**  
 Facility Name: **Hidden Meadows Homeowners Assoc.**

IDPH Registry No: 17553  
 IEPA Certification No: 100219

Site: **WL01243**  
 Sample No: **2063663-01**  
 Collect Date: **06/27/12 12:30**  
 Sample Collector: **Joe Gates**  
 Residual Chlorine: **Free = NA Total = NA**

Sample Purpose: **RT**  
 Replacement Indicator:  
 Original Lab Sample Number:  
 Sample Rejection Reason:  
 Comments:

Parameters	Result	Analysis Date	Analyst	Method
Total coliform bacteria	Absent	06/28/12 14:25	LLAC	SM 9223 B
E. coli	Absent	06/28/12 14:25	LLAC	SM 9223 B
Opinion (Coliform)	Satisfactory	06/28/12 14:25	LLAC	SM 9223 B

Site: **C001001A2**  
 Sample No: **2063663-02**  
 Collect Date: **06/27/12 12:45**  
 Sample Collector: **Joe Gates**  
 Residual Chlorine: **Free = NA Total = 1.0 mg/L**

Sample Purpose: **RT**  
 Replacement Indicator:  
 Original Lab Sample Number:  
 Sample Rejection Reason:  
 Comments:

Parameters	Result	Analysis Date	Analyst	Method
Total coliform bacteria	Absent	06/28/12 14:25	LLAC	SM 9223 B
E. coli	Absent	06/28/12 14:25	LLAC	SM 9223 B
Opinion (Coliform)	Satisfactory	06/28/12 14:25	LLAC	SM 9223 B

Certified by: Cathryn Dunn, Staff Analyst/Bacti Department Manager

# PDC Laboratories.

2231 West Altorfer Drive

Peoria, IL 61615

Phone: 800-752-6651 Fax: 309-692-9689

Email: jrada@pdclab.com

Laboratory Certification Number: 17553

2063663 CN

Date and Time in Lab: 6/28/12 - 10:00 AM

Date and Time Analyzed: 1/1/12 - 1:12

1. Public Water Supply Name: Hidden Meadows	7. Date Collected: 6/27/2012
2. County: Rock Island	8. Sample Collector: Joe Gates
3. Facility Number: 1610130	9. Sample Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Boil Order <input type="checkbox"/> Replacement (too old, broken, etc.) <input type="checkbox"/> New Construction # _____ <input type="checkbox"/> Repair or Tower <input type="checkbox"/> Other
4. Surface Supply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Mail Report to: Name: Joe Gates	
Address: 6330 95 Ave Ct W	
City: Taylor Ridge State: IL Zip: 61284	
6. Contact person for unsatisfactory routine samples: Name: Joe Gates Office (309) 787-2031 home Cell (309) 738-1087 Please call PDC (309) 683-1765 for new construction results	<input type="checkbox"/> Repeat (failed sample) <input type="checkbox"/> Invalid Sample Replacement <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____

10. Bacteriological Samples				*Lab Use Only					
Bottle #	Sample Type R/DF	Time Collected	Free Total Residual Chlorine (circle)	*11. Colonies Read	*12. Total Coliform	*13. Fecal Coliform	*14. E. Coli	*15. Opinton	*16. Laboratory Sample No.
1 01243	R	1230p							
2 C001001A2 8026 149th St W	D	1245p	1-0						

Method:  Membrane Filter     Colilert     O Tray

Complete report must be retained for a minimum of 5 years

Reported by: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

DPWS Notification for Unsatisfactory Results

Person Notified: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

No. of Bottles Sent: \_\_\_\_\_  
Date Bottles Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SAMPLES MUST REACH LAB WITHIN 24 HOURS  
AFTER COLLECTION (and be set within 30 hours)**

- Reason for Replacement:
- Samples more than 30 hours old
  - No Date/Time of Collection
  - Laboratory Accident
  - Other

\*\*Relinquished By: \_\_\_\_\_ Date & Time \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_:\_\_\_\_ am/pm

Relinquished By: \_\_\_\_\_ Date & Time \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_:\_\_\_\_ am/pm

\*\*WHEN SHIPPED OR PICKED UP - PLEASE SIGN, DATE & TIME.