



Carbondale Central Laboratory
2401 S. McLafferty Road
Carbondale, Illinois 62901

Phone: 618-457-8613 Ext 223
 Fax: 618-457-2699
 Laboratory Superintendent: Corie Fulton
 IDPH Certified Laboratory 17502 NELAP EPA Illinois Number 00012

Sample number	Sample Description	Date/time collected	Date/time received	Composite	Grab	Date/Time Processed	Sample condition	
1	052021001	NW CEDAR LAKE	5/20/21 0845	5/20/21 0950		X	5/20/21 1155	Acceptable
2	052021002	NE CEDAR LAKE	5/20/21 0855	5/20/21 0950		X	5/20/21 1155	Acceptable
3	052021003	INTAKE	5/20/21 0718	5/20/21 0950		X	5/20/21 1155	Acceptable
4								
5								

Laboratory Report Serial Number: 060321001	Page 1 of 1
Electronic Signature: Corie Fulton Reviewed Date: 6/03/2021	
NELAP ACCREDITED NUMBER 100461 (Accredited test results*)	
Final Report: These test results relate only to the samples submitted. Interpretation and submission are the responsibility of the client. "m" indicates method modifications per manufacturer	



* denotes NELAC certified method

Sample acceptance Requirements	
Date and Time from bottle match	Y
Proper bottles rec'd in good condition	Y
Sample temperature take upon receipt	Y
Chill Process started prior to receipt	N/A
Samples Recv'd on ice	N/A
Bottles rec'd in good condition	Y
Bottles filled with adequate volume	Y
Samples rec'd within hold times	Y

CLIENT **Eric Stead, Cedar Lake Manager**
 Address **City of Carbondale, Cedar Lake Office**
 City, State, Zip **Carbondale, Illinois 62901**

Sample No.	pH	Ammonia, mg/L	Turbidity, NTU	Alkalinity, mg/L	D. Oxygen	*Nitrite (NO ₂ -N) IC SM 4110B "m" LOG 0.15 mg/L	*Nitrate (NO ₃ -N) IC SM 4110D "m" LOG 0.11 mg/L	Total Kjeldahl Nitrogen, mg/L	Total Nitrogen-N, mg/L	Total Phosphorus, mg/L	Chloride	Sulfate mg/L
052021001	8.05	<0.1	5.41	38	8.0	<0.15	<0.11	0.9	1.00	0.02		
052021002	7.94	<0.1	4.17	36	8.1	<0.15	<0.11	0.4	0.53	0.02		
052021003	7.70	<0.1	4.51	36	7.9	<0.15	<0.11	1.3	1.5	0.04		

Sample No.	Total Suspended Solids, mg/L	Volatile Total Suspended Solids, mg/L	Volatile Total suspended solids, %	E. Coli*, col/100-mL	Fecal Coliform*, col/100-mL	Sample Collector	Weather	Lake Elevation, ft.	Rainfall within 48 hours, in.	Depth of sample (ft)	Field Temp, °F	0-phosphateP mg/L
052021001	8	8	100%	2	<2.0	ES	sunny, clear, windy	432.4	0	1.0	69.5	
052021002	8	8	100%	2	<2.0	ES				1.0		
052021003	5	5	100%	<2.0	<2.0	ES				15.0		

Sample No.	Sample Location GPS Coordinates	Any Deviations from standard conditions, or failed QC comments
052021001	37°40'31.31N by 89°17'11.97W	
052021002	37°40'6.52N by 89°16'15.94W	
052021003	37°39'43.43N by 89°16'28.91W	

CARBONDALE CENTRAL LABORATORY
 2401 S. McLAFFERTY ROAD
 CARBONDALE, ILLINOIS

PHONE # 618-457-8613 EXT 223
 FAX # 618-457-2699

CHAIN OF CUSTODY RECORD
CEDAR LAKE NW COVE TESTING

(PLEASE PRINT)

1 NAME Cedarlake		PHONE: 618-549-8441 FAX: cedarlake10@gmail.com		3 ANALYSIS REQUESTED				4 (FOR LAB USE ONLY)									
ADDRESS City of Carbondale		SAMPLER (PLEASE PRINT)		MATRIX TYPES: WW- WASTEWATER DW- DRINKING WATER GW- GROUND WATER WWSL- SLUDGE NAS- SOLID OTHER:				COMMENTS: Solids Fris									
CITY STATE Carbondale, IL		SAMPLER'S SIGNATURE		Fecal and E.Coli (Use separate bacti form)				Alkalinity									
ZIP 62901		CONTACT PERSON Eric Stead		Ammonia, pH, DO				IC: NO ₂ and NO ₃									
2 SAMPLE DESCRIPTION		SAMPLE UNIQUE ID CODE		DATE AND TIME COLLECTED		SAMPLE TYPE GRAB COMP		MATRIX TYPE		TOTAL # OF CONT		Kjeldahl Nit, TP TN		TSS, VTSS, VTSS%		REMARKS/	
1 Cedarlake		NW Cove		5/20/21 845		GRAB		Fecal and E.Coli		1		052021001		1			
2 Cedarlake		NE Cove		5/20/21 855		GRAB		Fecal and E.Coli		1		052021002		1			
3 Cedar Lake		intake		5/20/21 718		GRAB		Fecal and E.Coli		1		052021003		1			
4		5		6		7		8		9		10		11			
Circle One for submission: <input type="checkbox"/> EPA <input type="checkbox"/> IDPH <input checked="" type="checkbox"/> PILOT <input type="checkbox"/> STUDY <input type="checkbox"/> FYI										8		CHECK OTHER					
7 RELINQUISHED BY: (SIGNATURE) 				DATE 5/20/21 TIME 925		RECEIVED BY: (SIGNATURE)				DATE		LOGGED IN BY: JS					
RELINQUISHED BY: (SIGNATURE)				DATE		RECEIVED AT LAB BY: (SIGNATURE) 				DATE 5/20/21 TIME 930		DATE / TIME TAKEN FROM BOTTLE MATCH? <input checked="" type="checkbox"/> OR <input type="checkbox"/> N					
PROPER BOTTLES REC'D IN GOOD CONDITION <input checked="" type="checkbox"/> OR <input type="checkbox"/> N												SAMPLE TEMPERATURE TAKEN UPON RECEIPT <input checked="" type="checkbox"/> OR <input type="checkbox"/> N					
CHILL PROCESS STARTED PRIOR TO RECEIPT <input checked="" type="checkbox"/> OR <input type="checkbox"/> N OR <input type="checkbox"/> NA												SAMPLE(S) RECEIVED ON ICE <input checked="" type="checkbox"/> OR <input type="checkbox"/> N OR <input type="checkbox"/> NA					
BOTTLES RECEIVED IN GOOD CONDITION <input checked="" type="checkbox"/> OR <input type="checkbox"/> N												BOTTLES FILLED WITH ADEQUATE VOLUME <input checked="" type="checkbox"/> OR <input type="checkbox"/> N					
SAMPLE(S) RECEIVED WITHIN HOLD TIME(S) <input checked="" type="checkbox"/> OR <input type="checkbox"/> N												BOTTLES RECEIVED WITHIN HOLD TIME(S) <input checked="" type="checkbox"/> OR <input type="checkbox"/> N					

Facility Number: _____ ORCHARD: _____

Sampling Period: _____

Group No. _____ Chlorine Exempt Yes No

Surface Supply Yes No

Certified Lab Number: 17502

Lab Name: Carbondale Central Laboratory

Address: 2401 South McLafferty Road, Carbondale, IL 62901

Phone: (618) 457-8613

**MICROBIOLOGICAL ANALYSIS
REPORT FORM**

Samples must reach the lab within 8 hrs for fecal after collection. Items 1 through 6 in the boxed areas must be accurately completed or sample may be discarded. Type or use ball point pen. This form must accompany all samples.

950

Date, Time, Receiver in Laboratory: 5/20/21 JJ

1. Mail Report To:

Name: Cedar Lake

Address: City of Carbondale

City: Carbondale State: IL Zip: 62901

3. Date Collected:

5/20/2021

4. Sample Collector / Transporter:

Eric Stead

5. Sample Purpose:

Routine Replacement Boil Order

New construction - Permit # _____ FY _____

Other: _____

Repeat: _____ Invalid Sample:

Orig. Sample # _____ Orig. Sample # _____

Orig. Sample # _____ Orig. Sample # _____

Orig. Sample # _____ Orig. Sample # _____

Orig. Sample # _____ Orig. Sample # _____

2. Contact Person For Unsatisfactory Results:

Name: Eric Stead

Phone: 618-549-8441

Fax: cedarlake10@gmail.com

6. Bottle number	Bacteriological Sampling		Sample Type	Time Collected	Total Coliform col./100 mL	Thermo-tolerant Fecal Coliform col./100mL	E-Coli col./100 mL	O p i n i o n	Sample Number
	Sample Site No.	Address:							
1	NW	Cedar Lake		845		2	2		052021001 B
2	NE	Cedar Lake		855		2	2		052021002 B
	intake	Cedar Lake		718		2	2		052021003 B

Procedure: Membrane Filter
SM 9222D /G
Ecoli 9222G mfc-NA-MUG 35oC

Time Analyzed: 3:20pm 5/20/21 Analyst: ES

Reported By: JJ Date: 5/21/21 945

Notification for Unsatisfactory Results:

Person Notified: _____ Date: _____

No. of Bottles Sent: _____ Date Bottles Sent: _____

Reason for Replacement: Samples more than 30 hours old

No Date / Time of Collection

NOTE:

Completed form must be retained for a minimum of five years. When contacting the Lab regarding any of these samples, be sure to use the Facility number, sampling site number(s) and date