SUBURBAN LABORATORIES, Inc.



1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134 Tel. (708) 544-3260 • Toll Free (800) 783-LABS Fax (708) 544-8587 www.suburbanlabs.com

September 11, 2023

Dan Tryban Village of Alsip Water Department 4500 West 123rd Street Alsip, IL 60658

Workorder: 2308K69 EPA EDD:100225_091123LC1644.cs

TEL: (708) 385-6902 FAX: (708) 385-6971 RE: Lead and Copper

Dear Dan Tryban:

Suburban Laboratories, Inc. received 29 sample(s) on 8/22/2023 for the analyses presented in the following report.

All data for the associated quality control (QC) met EPA, method, or internal laboratory specifications except where noted in the case narrative. If you are comparing these results to external QC specifications or compliance limits and have any questions, please contact us.

This final report of laboratory analysis consists of this cover letter, case narrative, analytical report, dates report, and any accompanying documentation including, but not limited to, chain of custody records, raw data, and letters of explanation or reliance. This report may not be reproduced, except in full, without the prior written approval of Suburban Laboratories, Inc.

If you have any questions regarding these test results, please call me at (708) 544-3260.

Sincerely,

May wayly

Mary Wojdyla Project Manager (708) 544-3260 mwojdyla@suburbanlabs.com





Suburban Laboratories, Inc.

1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

Client: Village of Alsip Water Department Project: Lead and Copper WorkOrder: 2308K69 Date: September 11, 2023 PO #: QC Level: LEVEL I Chain of Custody #:

Temperature of samples upon receipt at SLI: C

General Comments:

- All results reported in wet weight unless otherwise indicated. (dry = Dry Weight)

- Sample results relate only to the analytes of interest tested and to sample as received by the laboratory.

- Environmental compliance sample results meet the requirements of 35 IAC Part 186 unless otherwise indicated.

- Waste water analysis follows the rules set forth in 40 CFR part 136 except where otherwise noted.

- Accreditation by the State of Illinois is not an endorsement or a guarantee of the validity of data generated.

- For more information about the laboratories' scope of accreditation, please contact us at (708) 544-3260 or the Agency at (217) 782-6455.

- All radiological results are reported to the 95% confidence level.

Abbreviations:

- Reporting Limit: The concentration at which an analyte can be routinely detected on a day to day basis, and which also meets regulatory and client needs.

- Quantitation Limit: The lowest concentration at which results can be accurately quantitated.

- J: The analyte was positively identified above our Method Detection Limit and is considered detectable and

usable; however, the associated numerical value is the approximate concentration of the analyte in the sample.

- ATC: Automatic Temperature Correction. - TNTC: Too Numerous To Count

- TIC: Tentatively Identified Compound (GCMS library search identification, concentration estimated to nearest internal standard).

- SS: (Surrogate Standard): Quality control compound added to the sample by the lab.

-LA: Lab Accident - No valid data to report.

-VO: Insufficient Volume provided

-BR: Received broken

-IP: Invalid Sampling

Method References:

For a complete list of method references please contact us.

- E: USEPA Reference methods

- SW: USEPA, Test Methods for Evaluating Solid Waste (SW-846)

- M: Standard Methods for the Examination of Water and Wastewater

- USP: Latest version of United States Pharmacopeia

Workorder Specific Comments:

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Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A001 Lab ID: 2308K69-001

Matrix: DRINKING WATER

Date Received: 08/22/2023 5:00 PM **Collection Date:** 08/22/2023 7:00 AM

Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper Lead	3.53 ND	0.596 0.755	1,300 15.0	J	μg/L μg/L	1 1	08/31/2023 1:12 AM 08/31/2023 1:12 AM	92016 92016



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-002

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A003

Matrix: DRINKING WATER Collection Date: 08/22/2023 5:00 AM

					concento		22,2023 3.00 1101	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: [EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	5.87	0.596	1,300	J	µg/L	1	09/07/2023 4:41 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:41 PM	92166





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A004

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:25 AM

Lab ID: 2308K69-003	Date F	Received: 0	8/22/2023 5:	00 PM	Collection Date: 08/22/2023 6:25 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	5.57	0.596	1,300	J	µg/L	1	09/07/2023 4:42 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:42 PM	92166	





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A005

Lab ID: 2308K69-004	Date F	Received: 0	8/22/2023 5:	00 PM	Collection Date: 08/22/2023 3:15 PM				
		Report				Dilution	L		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	2.47	0.596	1,300	J	µg/L	1	09/07/2023 4:44 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:44 PM	92166	





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A007

Lab ID: 2308K69-005

Matrix: DRINKING WATER Collection Date: 08/22/2023 7:00 AM

					concento	Date: 00	22/2023 7.00 7 101	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	20.5	0.596	1,300	J	µg/L	1	09/07/2023 4:46 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:46 PM	92166





Client ID: Village of Alsip Water Department

Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A010

Matrix: DRINKING WATER Collection Date: 08/22/2023 4:30 AM

Lab ID: 2308K69-006	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 4:30 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper Lead	5.14 ND	0.596 0.755	1,300 15.0	J	μg/L μg/L	1 1	09/07/2023 4:48 PM 09/07/2023 4:48 PM	92166 92166	





Client ID: Village of Alsip Water Department

Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A012

Matrix: DRINKING WATER Collection Date: 08/22/2023 5:00 AM

Lab ID: 2308K69-007	Date F	Received: 0	8/22/2023 5:	00 PM	Collection Date: 08/22/2023 5:00 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	3.09	0.596	1,300	J	µg/L	1	09/07/2023 4:50 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:50 PM	92166	





Client ID: Village of Alsip Water Department Project Name: Lead and Conner

Project Name: Lead and Copper

Lab ID: 2308K69-008

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A015

Matrix: DRINKING WATER Collection Date: 08/22/2023 7:00 AM

					concerto	Dutt: 00	22/2023 7.00 7101	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	13.8	0.596	1,300	J	µg/L	1	09/07/2023 4:52 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:52 PM	92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-009

Date Received: 08/22/2023 5:00 PM

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A016

Matrix: DRINKING WATER Collection Date: 08/22/2023 5:30 AM

					0011001101	220000 00		
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: [EPA-200.8-Rev \$	5.4, 1994		Analyst: JSM	
Copper	104	0.596	1,300		µg/L	1	09/07/2023 4:54 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:54 PM	92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A017

Lab ID: 2308K69-010	Date Received: 08/22/2023 5:00	PM Collection Date: 08/22/2023 8:00 AM
	Report	Dilution
Parameter	Result Limit MCL	Qual. Units Factor Date Analyzed

Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: I	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper Lead	81.3 2.34	0.596 0.755	1,300 15.0	J	μg/L μg/L	1 1	09/07/2023 4:56 PM 09/07/2023 4:56 PM	92166 92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A020

Lab ID: 2308K69-011	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 6:28 AM				
		Report				Dilution			
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	24.9	0.596	1,300	J	µg/L	1	09/07/2023 5:06 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:06 PM	92166	



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A024

Matrix: DRINKING WATER Collection Date: 08/22/2023 7:00 AM

Lab ID: 2308K69-012	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 7:00 AM				
Demonster	Degrald	Report Limit	мст	Oreal	T Int 4 a	Dilution		Datah ID	
Parameter	Result	Liiiit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	8.64	0.596	1,300	J	µg/L	1	09/07/2023 5:07 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:07 PM	92166	



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A027

Lab ID: 2308K69-013	Date I	Received: 0	8/22/2023 5:	00 PM	Collection Date: 08/22/2023 7:00 AM				
	Report				Dilution				
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	[,] 5.4, 1994		Analyst: JSM		
Copper	36.4	0.596	1,300	J	µg/L	1	09/07/2023 5:09 PM	92166	
Coppei	50.4	0.000	1,000	0	P 9/ L		00/01/2020 0100 1 11	02.00	





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A028

Lab ID: 2308K69-014	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 7:00 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	45.6	0.596	1,300	J	µg/L	1	09/07/2023 5:11 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:11 PM	92166	



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A030

Matrix: DRINKING WATER Collection Date: 08/22/2023 4:00 AM

Lab ID: 2308K69-015	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 4:00 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID	
METALS BY ICPMS	Method: EPA-200.8-Rev 5				B-Rev 5.4, 1994 Analyst: JSM				
Copper	9.93	0.596	1,300	J	µg/L	1	09/07/2023 5:13 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:13 PM	92166	



Client ID: Village of Alsip Water Department

Project Name: Lead and Copper

Lab ID: 2308K69-016

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A032

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:30 AM

					concento	Date. 00	22/2023 0.30 AM	
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: E	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	5.77	0.596	1,300	J	µg/L	1	09/07/2023 5:15 PM	92166
Lead	0.832	0.755	15.0	J	µg/L	1	09/07/2023 5:15 PM	92166



Suburban Laboratories, Inc.

1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

Laboratory Results

Client ID: Village of Alsip Water Department

Project Name: Lead and Copper

Client Sample ID: LP1A035

Lab ID: 2308K69-017

Report Date: September 11, 2023 Workorder: 2308K69

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:23 AM

					concerno		22,2029 0.29 1101	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: I	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	4.53	0.596	1,300	J	µg/L	1	09/07/2023 5:17 PM	92166
Lead	1.21	0.755	15.0	J	µg/L	1	09/07/2023 5:17 PM	92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A036

Lab ID: 2308K69-018

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:45 AM

Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	57.4	0.596	1,300	J	µg/L	1	09/07/2023 5:19 PM	92166
Lead	1.44	0.755	15.0	J	µg/L	1	09/07/2023 5:19 PM	92166





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A037

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:10 AM

Lab ID: 2308K69-019	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 6:10 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	[,] 5.4, 1994		Analyst: JSM		
Copper	18.2	0.596	1,300	J	µg/L	1	09/07/2023 5:21 PM	92166	
Lead	1.60	0.755	15.0	J	µg/L	1	09/07/2023 5:21 PM	92166	



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A038

Lab ID: 2308K69-020	Date Received: 08/22/2023 5:00 PM	Collection Date: 08/22/2023 7:00 AM
	_	

		Report				Dilution	l	
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: I	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	66.9	0.596	1,300	J	µg/L	1	09/07/2023 5:28 PM	92166
Lead	ND	0.755	15.0	Ū	μg/L	1	09/07/2023 5:28 PM	92166





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A041

Lab ID: 2308K69-021	Date Received: 08/22/2023 5:00 PM				Collection Date: 08/22/2023 7:00 AM				
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor		Batch ID	
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM		
Copper	11.4	0.596	1,300	J	µg/L	1	09/07/2023 5:34 PM	92166	
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:34 PM	92166	



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-022

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A044

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:00 AM

					concerio	n Date: 00	22/2023 0.00 / MVI	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	21.6	0.596	1,300	J	µg/L	1	09/07/2023 5:36 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:36 PM	92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-023

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A045

Matrix: DRINKING WATER Collection Date: 08/22/2023 6:05 AM

					concento		22,2023 0.03 1101	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: [EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	10.8	0.596	1,300	J	µg/L	1	09/07/2023 5:38 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:38 PM	92166



Lead

1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

ND 0.755



09/07/2023 5:40 PM

92166

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A046

Matrix: DRINKING WATER

1

µg/L

Lab ID: 2308K69-024	Date F	Received: 0	8/22/2023 5:	:00 PM	Collection	n Date: 08	/22/2023 7:00 AM	
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	14.8	0.596	1,300	J	µg/L	1	09/07/2023 5:40 PM	92166

15.0



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A051

Matrix: DRINKING WATER Collection Date: 08/22/2023 4:00 AM

Lab ID: 2308K69-025	Date F	Received: 0	8/22/2023 5:	00 PM	Collection	n Date: 08	/22/2023 4:00 AM	
D (D L	Report		0.1	T T •4	Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper	27.2	0.596	1,300	J	µg/L	1	09/07/2023 5:42 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:42 PM	92166





Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-026

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A052

Matrix: DRINKING WATER Collection Date: 08/22/2023 4:00 AM

Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	/ 5.4, 1994		Analyst: JSM	
Copper Lead	12.8 ND	0.596 0.755	1,300 15.0	J	μg/L μg/L	1 1	09/07/2023 5:44 PM 09/07/2023 5:44 PM	92166 92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-027

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A055

Matrix: DRINKING WATER Collection Date: 08/22/2023 7:00 AM

					concento	Date: 00	22/2023 7.00 7 101	
		Report				Dilution		
Parameter	Result	Limit	MCL	Qual.	Units	Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method: I	EPA-200.8-Rev	[,] 5.4, 1994		Analyst: JSM	
Copper	73.0	0.596	1,300	J	μg/L	1	09/07/2023 5:46 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:46 PM	92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Lab ID: 2308K69-028

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A057

Matrix: DRINKING WATER

Date Received: 08/22/2023 5:00 PM **Collection Date:** 08/22/2023 6:24 AM

Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper Lead	4.78 ND	0.596 0.755	1,300 15.0	J	μg/L μg/L	1 1	09/07/2023 5:53 PM 09/07/2023 5:53 PM	92166 92166



Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308K69

Client Sample ID: LP1A058 Lab ID: 2308K69-029

Matrix: DRINKING WATER

Date Received: 08/22/2023 5:00 PM **Collection Date:** 08/22/2023 6:12 AM

Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev 5	.4, 1994		Analyst: JSM	
Copper Lead	114 ND	0.596 0.755	1,300 15.0		μg/L μg/L	1 1	09/07/2023 5:55 PM 09/07/2023 5:55 PM	92166 92166



Suburban Laboratories, Inc. 1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

PREP DATES REPORT

Client: Project:

Village of Alsip Drinking Water Lead and Copper

Report Date: September 11, 2023 Lab Order: 2308K69

Sample ID	Collection Date	Batch ID	Prep Test Name	TCLP Date Prep Date
2308K69-001A	8/22/2023 7:00:00 AM	92016	Turbidity Check	8/30/2023
2308K69-002A	8/22/2023 5:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-003A	8/22/2023 6:25:00 AM	92166	Turbidity Check	9/7/2023
2308K69-004A	8/22/2023 3:15:00 PM	92166	Turbidity Check	9/7/2023
2308K69-005A	8/22/2023 7:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-006A	8/22/2023 4:30:00 AM	92166	Turbidity Check	9/7/2023
2308K69-007A	8/22/2023 5:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-008A	8/22/2023 7:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-009A	8/22/2023 5:30:00 AM	92166	Turbidity Check	9/7/2023
2308K69-010A	8/22/2023 8:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-011A	8/22/2023 6:28:00 AM	92166	Turbidity Check	9/7/2023
2308K69-012A	8/22/2023 7:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-013A		92166	Turbidity Check	9/7/2023
2308K69-014A		92166	Turbidity Check	9/7/2023
2308K69-015A	8/22/2023 4:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-016A	8/22/2023 6:30:00 AM	92166	Turbidity Check	9/7/2023
2308K69-017A	8/22/2023 6:23:00 AM	92166	Turbidity Check	9/7/2023
2308K69-018A	8/22/2023 6:45:00 AM	92166	Turbidity Check	9/7/2023
2308K69-019A	8/22/2023 6:10:00 AM	92166	Turbidity Check	9/7/2023
2308K69-020A	8/22/2023 7:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-021A		92166	Turbidity Check	9/7/2023
2308K69-022A	8/22/2023 6:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-023A	8/22/2023 6:05:00 AM	92166	Turbidity Check	9/7/2023
2308K69-024A	8/22/2023 7:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-025A	8/22/2023 4:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-026A		92166	Turbidity Check	9/7/2023
2308K69-027A	8/22/2023 7:00:00 AM	92166	Turbidity Check	9/7/2023
2308K69-028A	8/22/2023 6:24:00 AM	92166	Turbidity Check	9/7/2023
2308K69-029A	8/22/2023 6:12:00 AM	92166	Turbidity Check	9/7/2023





WO#: **2308K69** Date: **9/11/2023**

Qualifiers:

*/X	Value exceeds Maximum Contaminant Level
В	Analyte detected in the associated Method Blank
С	Value is below Minimum Concentration Limit
с	Analyte not in TNI/NELAC scope of accreditation
E	Estimated, detected above quantitation range
G	Refer to case narrative page for specific comments
Н	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limit (QL)
Ν	Tentatively identified compounds
ND	Not Detected at the Reporting Limit
Р	Present
Q	Accreditation is not available from Wisconsin
R	RPD outside accepted recovery limits
S	Spike Recovery outside accepted recovery limits
Т	Analyte detected in sample trip blank
V	EPA requires field analysis/filtration. Lab analysis would be considered past hold time.
WI	This sample was ran at the Wisconsin Laboratory, WI DNR Certified #246179890

SUBURBAN LABORATORIES, Inc.	RATORIE	S, Inc.		USTC	J
Company Name Willads of ACA			TURNAROUND TIME REQUESTED	UESTED ANALYSIS & METHOD REQUESTED	Page of
24			Normal RUSH*		P0 ₩
State	0809 az	\mathbb{S}	 Must be pre-approved and surcharges apply. Checking this box indicates your approval of surcharges. 	ply. Checking charges.	Report Normal Special*
Office -788 - 388 - 6902 Mobile	Fax		Date and Time Report Needed:		* Additional charges apply for QC reports and raw data. Specify in comments section
Email Address DTrykan Q village challs	10 - N		Specify Regulatory Program: Non	None/Info Only	Shipping Method
202 -90100 7	, C			SDWA	LAB USE ONLY
Project Manager (Report to)			503 Sludge NPDES	MWRDGC alys	Work Order # 2305 K 69
Sample Collector(s) Brown Swith Colk			Disposal CCDD	Specify Below	Temperature of C
IDENTIFICA	COLLECTION	Z	GRAB/ CONTAINERS		Received within 24 No Yes
(Use 1 line per container type)		TIME MATRIX	COMP. Qty SIZE & TYPE	PRESERVATIVE	Lab Comment LAB #
1 LP/400/	w.	Zam DW			
		eccesside			
3 LPILOOS	8-22-23 50m	3	anatasa eresso tota		
4 4004	252-23 6:3	6:25 AW			
5 LPIACES	8-21-23 3	315 M			
6 LP14007	R22-23 7	70m			
7 LPIAOIO	8-22-23 4:3	4:30am			
8 LP/ACIZ	8-22-23 50	57 6 7 7			
9 LAAOLS	22-22-2	1 Cu (P)			
10 LP/ADIE	8-22-23 5.1	5:30a.jm			
11 1.9.9017	WNZ 52-22-3	<u><u></u></u>			
12 CPIAC20	2:9 52.23	6:28 MM	` 		
MATRIX: Drinking Water (DW), Soil (S), COMMENT: Waste Water (WW), Surface Water(SW), Ground Water (GW), Solid Waste (WA),	COMMENTS & SPECIAL INSTRUCTIONS	RUCTIONS:			
Sludge (U), Wipe (P) <u>CONTAINER:</u> 2oz 4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube,					
H ₂ SO ₄ , HCl, HNO ₃ , Methanol (MeOH) NaOH Softim Ristifate (NaB) NaThin		5			
1. Relinquished By	2. Rolinquisited B		Date 3. Relinquished By	By Date 4. Relinquished By	Date
Received Time	Received	INV.		Time Received By	
ö	(BY THE SAMPLE	COLLECTOR	OR SUBMITTER AND ORIGINAL FORM	M MUST ACCOMPANY SAMPLES AT ALL TIMES.	Rev 2/17

Kev ATT		AT ALL TIMES.	IY SAMPLES A	COMPAN	THIS FORM MUST BE FILLED OUT COMPLETELY BY THE SAMPLE COLLECTOR OR SUBMITTER AND ORIGINAL FORM MUST ACCOMPANY SAMPLES AT ALL TIMES.	ORIGINAL	IBMITTER AND	ECTOR OR SU	М⊳гĘ сопт	BY THE SA	COMPLETELY I	FILLED OUT (RATMUST BE	THIS FO
	<mark>\$21</mark>			□ Ice	rey		∞ 17.00		1 JAN	Received	<u></u> ج	<u>8</u>		Received By
Тіте		Received By	Time		0		7. 223		in py		Date 8-22-23	~~~~	hed By	1. Relinquished By
Date		4. Relinguished By	Date		ished By	3 Relinguished By	Date					9), NaThio	H2SO4, HCl, HNC3, Methanoi (MEOn) NaOH, Sodium Bisulfate (NaB), NaThio	H ₂ SO ₄ , HC NaOH, So
												ERVATIVE:	Glass (G), Plastic (P) PRESERVATIVE:	Glass (G),
												iter (L), Tube,	4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube.	40z, 80z, 4
												faste (WA), <u>UNER:</u> 202,	Ground Water (GW), Solid Waste (WA), Sludge (U), Wipe (P) <u>CONTAINER:</u> 2oz.	Ground Wa Sludge (U)
											COMMENT	Water(SW),	MATRIX: Drinking water (DW), Son (D), Waste Water (WW), Surface Water(SW),	Waste Wat
						K		- SWC	6 0 Som	-22-23	5-22-23 6 05cm	5	<i>PH2 C45</i>	12 L <i>P</i>
									62van	8-22-23	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		14044	11 L <i>P</i>
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nt LAB #	Lab Comment			·	PRESERVATIVE	SIZE & TYPE	COMP. Qty SIZ	MATRIX CO	TIME	DATE	ě)	(Use 1 line per container type)	(Use 1 line per	
	hours of collection?			<u>Рь</u> Си	4	CONTAINERS	GRAB/ CONT.	<u>o</u>	TION	COLLECTION	~	SAMPLE IDENTIFICATION	SAMPLE IDE	
1	Received Samples			an ûn	Specify Below	ссрр	Disposal C					4	ctor(s) Brvan	Sample Collector(s)
28 100			!	aly. aly	MWRDGC	NPDES	503 Sludge 🗌 N	50;			1. A.	magnus vi	Project Manager (Report to)	oject Manag
SE ONLY	LAB US			212	X SDWA	SRP				Ċ	0.3	\$ CQ2		Project ID / Location
	ounam fuidhre				None/Info Only	ï	Specify Regulatory Program:	Specify I					210	mail Address
raw data. Specify in comments section	raw data. Specify in						Date and Time Report Needed:	Date Repor		Fax		Mobile	369-692-	Office
nal Special*	Type Norr				Must be pre-approved and surcharges apply. Checking this box indicates your approval of surcharges.	ind surcharge ur approval o	be pre-approved a social box indicates yo	* Must thi	50803	509 az	State <u>T</u>		3	City
90 #	PO#				RUSH*		Normal			and the second s	3 and Stree	- 12 - 12	<	Company Address
65	Page of		ANALYSIS & METHOD REQUESTED Enter an "X" in box below for request	ANA Ente	QUESTED) TIME REC	TURNAROUND TIME REQUESTED						ne Solores	Company Nam
		www.suburbanlabs.com	WWW.SI	abs.com	login@suburbanlabs.com	3260	Tel. 708.544.3260	5	Γ(,	150 Geneva, IL 60134	Ste. 150 Genev	1950 S. Batavia Ave. Ste.	1950 S.	
		AIN OF CUSTODY RECORD	ISTODY	Я С	CHAIN C			'		ATOR				

Nev 2111		UST ACCOMPANY SAMPLES AT ALL TIMES.	VY SAMPLES	COMPAN	FORM MUST AC) ORIGINAL	SMITTER AND	CTOR OR SU	MPLE COLLE	BY THE SA	COMPLETELY	THIS FORM MUST BE FILLED OUT COMPLETELY BY THE SAMPLE COLLECTOR OR SUBMITTER AND ORIGINAL FORM M	FØRM MUST	SIHL
				lce	ЪУ			□ loe	a th	Received B	TIME ILI.K		71 / //	Receivé
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Date		A Deironuiched By								5		ianol (MeOH) (NaB), NaThio	H ₂ SO ₄ , HCl, HNO ₃ , Methanol (MeOH) NaOH, Sodium Bisulfate (NaB), NaThio	H₂SO₄ NaOH,
												nl, Liter (L), Tube, RESERVATIVE:	4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube Glass (G), Plastic (P) PRESERVATIVE:	4oz, 8c Glass
												NTAINER: 202,	Sludge (U), Wipe (P) CONTAINER: 202,	Sludge
								ļ				r (Dvv), Soll (S), face Water(SM), id Waste (WA),	MATRIX: Uninking water (Uvv), Soil (S), Waste Water (WW), Surface Water(SW), Ground Water (GW), Solid Waste (WA).	MATRI Waste Ground
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LAB#	Lab Comment				PRESERVATIVE	SIZE & TYPE	COMP. Qty SI	MATRIX CO	m	DATE	(e)	(Use 1 line per container type)	(Use 1 line	
No Yes	hours of collection?			PB Ch	L	CONTAINERS	GRAB/ CON	GR	TION	COLLECTION	~	N A	SAMPLE	
][Received Samples				Specify Below		Disposal	Dis			June K	TE CHAN	Sample Collector(s)	Sample Co
1 122	Work Order # 25			naly nal	MWRDGC	NPDES	503 Sludge	503			- Voan	Dan 1	Project Manager (Report to)	Project Ma
	LAB USE ONLY			2525 2525	SDWA	SRP				Ę.	5292 J	Lend & Cuppe	-	Project ID
	Shipping Method				None/Info Only		Specify Regulatory Program:	Specify R				have the second se	7 V 1 2	ن ري د Email Address
sly for QC reports and comments section	 Additional charges apply for QC reports a raw data. Specify in comments section 						Date and Time	Date		Fax		Mobile		Office
	Type Normal Signification				 Must be pre-approved and surcharges apply. Checking this box indicates your approval of surcharges. 	and surcharge our approval o	e pre-approved ; box indicates y	* Must b this	5 050		2	10:10		City XIO
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		www.suburbanlabs.com		abs.com	login@suburbanlabs.com	3260	Tel. 708.544.3260	Ŧ	ES, INC.	A IL 60134	Ste. 150 Genev	SUBURBAN LABURATORIES, 1950 S. Batavia Ave. Ste. 150 Geneva, IL 60134		
		VIN OF CUSTONY RECORD			CHAIN									



PERENALS Environmental Protection Agenes

LEAD/COPPER ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030 Facility Name Village of Alsip
2.	Sample Site No.	LP1A001 (Seven digit assigned number from Pb/Cu Approved Site Plan)
3.	Site Address	4138 W. Termunde Dr. 4. Date Collected 8-22-23
5.	Sample Collector	Jasmine Carrasquillo
6.	Contact Name:	an Tryban Contact Telephone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Watth Spoon Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	 Laboratory Name)
Date Received	Time Received	
Sample No.	 Date Analyzed	

SDWIS Parameter	SEPA Method	Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
				ug/l
Copper (1022)				

This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Fallure to do so may result in a civil penalty up to \$1,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center. Signature of Analyst or Official



This section is to be completed by Sample Collector. Please fill in all information.

1. 2.	Facility No. Sample Site No. Site Address	IL 0310030 LP1A003 4215 W. Termunde Dr	-	d numl	per of Alsip per from Pb/Cu Approved Site Plan) Date Collected <u>8 - 22 - 23</u>
5.	Sample Collector Contact Name: <u>D</u>	Mayra Gonzalez Dan Tryban	Contact Tele	phone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official MOUCH Concelle

Instructions

- Give the seven-digit number identifying your supply as well as the name.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 1.
- 2. Address of where the sample was collected.
- 3. Indicate month, day and year when sample was collected.
- 4. Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

This section is to be comp	pleted by the Laboratory-		
Lab Certification No.		Laboratory Name	
Date Received		Time Received	
		Date Analyzed	
Sample No.			

ODVIJE Dovomaćan	USEPA Method	Reporting Limit ug/l	Result	Units
SDWIS Parameter		ugn		ug/l
Lead (1030)				ug/l
Copper (1022)	Claustano of A	nalyst or Official		



This section is to be completed by Sample Collector. Please fill in all information.

1. 2.	Facility No. Sample Site No. Site Address	IL 0310030 LP1A004 4219 W. Termunde I		<u>Villag</u> ed numb 4.	ge of Alsip per from Pb/Cu Approved Site Plan) Date Collected <u></u>
3. 5. 6.	Sample Collector Contact Name:	Daniel Zavala	Contact Tele	phone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official

Daniel Zavala

Instructions

- Give the seven-digit number identifying your supply as well as the name. The seven digit state assigned number from your Pb/Cu Approved Site Plan. 1.
- 2.
- Address of where the sample was collected. 3. Indicate month, day and year when sample was collected.
- 4, Give name of sample collector.
- 5. Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name	
Date Received		Time Received	
Sample No.	· · · · · · · · · · · · · · · · · · ·	Date Analyzed	
Oumpre :			

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
				ug/l
Lead (1030)				ug/l
Copper (1022)	C' streng of A	naivet or Official		

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This section is to be completed by Sample Collector. Please fill in all information.

1. 2. 3.	Facility No. Sample Site No. Site Address	IL 0310030Facility NameVillage of AlsipLP1A005(Seven digit assigned number from Pb/Cu Approved Site Plan)4227 W. Termunde Dr.4. Date Collected
	Sample Collector Contact Name: _D	Edgar Lopez Contact Telephone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official_(

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	 Laboratory Name	
Date Received	Time Received	
Sample No.	 Date Analyzed	

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
	e ingregorie na de la seconda en la secon			ug/l
Lead (1030)				ug/1
Copper (1022)	<u> </u>	nelvet or Official		· · · · · · · · · · · · · · · · · · ·



This section is to be completed by Sample Collector. Please fill in <u>all</u> information.

1.	Facility No.	IL 0310030 Facility Name Village of Alsip I P1A007 (Seven digit assigned number from Pb/Cu Approved Site Plan)
2.	Sample Site No.	LP1A007 (Seven digit assigned number nom for current production of the curre
3.	Site Address	
5.	Sample Collector	$\alpha_{\text{track}} = 10000000000000000000000000000000000$
6.	Contact Name: _	

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Watter Jooner Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan.
- 2. Address of where the sample was collected.
- Indicate month, day and year when sample was collected. 3.
- 4. Give name of sample collector.
- 5. Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19

1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

This section is to be comp	bleted by the Laboratory-		
Lab Certification No.		Laboratory Name	
		Time Received	
Date Received			
Sample No.		Date Analyzed	

ļ		USEPA Method	Reporting Limit	Result	Units
	SDWIS Parameter		ug/l		ug/l
	Lead (1030)				ug/l
	Copper (1022)		nation Official		

Date Forwarded Signature of Analyst or Official Agency is authorized to required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

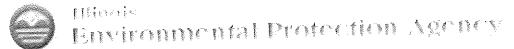
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			1/110 00	of Alsin
 Facility No. Sample Site No. Site Address 	IL 0310030 LP1A010 4545 W. 129th St.	Facility Name	i number	from Pb/Cu Approved Site Plan) Date Collected $\frac{B/22/23}{2}$
 Sample Collector Contact Name: <u>D</u> 	Eugene Wood an Tryban	Contact Telep		(708) 292-0472
COLD WATER BATH LEAST 6 HOURS. THE PROCEDURES. Signature of Sample C	e SAMPLE COLLECTOR H	AS RECEIVED INSTI	g ¢n	TED AT A COLD WATER TAP OR LESS IN THE PLUMBING FOR AT DNS ON SAMPLE COLLECTION
 The seven digit Address of wh Indicate month Give name of Give Contact 	-digit number identifying you t state assigned number from ere the sample was collected. 1, day and year when sample sample collector. Person name and telephone n report form <u>and</u> copies of the no case, later than 10 days fro	was collected.	rea code. sults mus	st be submitted to the Agency within 10

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

This section is to be comp	pleted by the Laboratory-	
	2 I.	Laboratory Name
Lab Certification No.		Time Received
Date Received		
	_	Date Analyzed
Sample No.		

	USEPA Method	Reporting Limit	Result	Units
SDWIS Parameter		ug/l		ug/l
Lead (1030)				ug/l
Copper (1022) Date Forwarded This Agency is authorized to require this information und penalty up to \$10,000,00 and an additional civil penalty u	Signature of A ter III. Rev. Stat. 1989, Chapter 1112, Se p to \$1,000.00 each day the failure conti	Linalyst or Official clion 1019, Disclosure of this Informat nued, a fine up to \$1,000.00 and impris	ion is required. Failure to do so nu onment up to one year. This form	ay result in a civil has been approved by
the Forms Management Center.	r			A - 3



This section is to be completed by Sample Collector. Please fill in all information.

		······				
1.	Facility No.	IL 0310030	Facility Name			
2.	Sample Site No.	LP1A012	(Seven digit assigne	ed numb	Der from Pb/Cu Approved Site Plan) Date Collected	
3.	Site Address	4533 W. 129th St.		4.	Dale Concord	•
5.	Sample Collector	Lorenzo Morales			(708) 292-0472	
6.	Contact Name: D	an Tryban	Contact Tele	epnone		

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Walt - Marson Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. ۱.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be comp	leted by the Laboratory-		
Lab Certification No.		Laboratory Name	
Date Received		Time Received	
Sample No.		Date Analyzed	

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
	All the forest of the second			ug/l
Lead (1030)				ug/l
Copper (1022)	Cinustano of A	nalvet or Official		

DIGHTCHT OF MAINTEE OF ANTONIAL DIGHT OF ANTONIA the Forms Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name Village of Alsip (Seven digit assigned number from Pb/Cu Approved Site Plan	
2.	Sample Site No.	LP1A015	1 Date Collected & d.d.d.)
3.	Site Address Sample Collector	<u>4509 W. 129th St.</u> Jan Radomski		
	Contact Name: _		Contact Telephone (708) 292-0472	

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Watth Spoone

Instructions

Give the seven-digit number identifying your supply as well as the name. The seven digit state assigned number from your Pb/Cu Approved Site Plan. 1.

- 2.
- Address of where the sample was collected. Indicate month, day and year when sample was collected. 3.
- 4. Give name of sample collector.
- 5.
- Give Contact Person name and telephone number including the area code. Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

This section is to be comp	bleted by the Laboratory-	
		Laboratory Name
Lab Certification No.		Time Received
Date Received	and the second	
Sample No.	·	Date Analyzed

			Units
USEPA Method	Reporting Limit	Result	Units
SDWIS Parameter	ug/l		ug/l
Lead (1030)			ug/l
Conner (1022)			

DIGHTAUTO OF ANALYSE OF OFFICIAL DIGHTAUTO OF ANALYSE OF OFFICIAL DIGHTAUTO OF ANALYSE OF OFFICIAL DIGHTAUTO OF ANALYSE OF THIS INFORMATION IS REQUIRED. Failure to do so may result in a civil This Agency is authorized to require this information under lik. Rev. Stat. 1989, Chapter 1112, Section 1019, Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000,00 and an additional civil penalty up to \$1,000,00 each day the failure continued, a fine up to \$1,000,00 and Imprisonment up to one year. This form has been approved by

the Forms Management Center.



completed by Sample Collector. Please fill in all information. 4

Thi	s section is to be com			1	<u>}</u>
1.	Facility No. Sample Site No.	IL 0310030 Facili LP1A016 (Seven di 4455 W. 129th St.	ty Name <u>Village of Als</u> git assigned number from F 4. Date Co	a io., Anneoved Nie Fl	an) -23
3. 5. 6.	Site Address Sample Collector Contact Name: <u>[</u>	Roberto Lagunas	ontact Telephone (70	08) 292-0472	
T	O THE BEST OF MY	KNOWLEDGE, THIS WATER SAMPI ROOM TAP. THIS SAMPLE HAS REN E SAMPLE COLLECTOR HAS RECEN Collector OR a Water Supply Official	LE WAS COLLECTED AT MAINED MOTIONLESS I VED INSTRUCTIONS ON	TA COLD WATER 17 N THE PLUMBING F N SAMPLE COLLECT	
]	Instructions1.Give the seven2.The seven di3.Address of w4.Indicate mor5.Give name of6.Give contact	n-digit number identifying your supply a it state assigned number from your Pb/C nere the sample was collected. ih, day and year when sample was collec sample collector. Person name and telephone number incl s report form <u>and</u> copies of the actual cer no case, later than 10 days from the end Illinois Environmental Protection A 1021 North Grand Avenue East, P. Springfield, IL 62794-9276	s well as the name. u Approved Site Plan. ted. uding the area code. tified lab results must be su of the sampling period. agency, BOW/DWCU #19 O. Box 19276	bmitted to the Agency	
	Lab Certification Date Received	No Ti	boratory Name me Received ate Analyzed		
	Sample No. SDWIS Paramete	USEPA Method	Reporting Limit ug/l	Result	Units ug/l
	Lead (1030)				ug/l



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minis Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

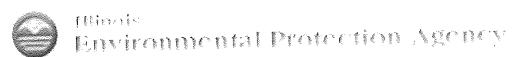
ection is to be completed by Sample Collector. Please fill in all information. ------

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	5 (0 00 00F		r Alala
	Site No.	<u>IL 0310030</u> <u>LP1A017</u> 4449 W. 129th St.	Facility Name Village of Alsip (Seven digit assigned number from Pb/Cu Approved Site Plan) 4. Date Collected \mathcal{P} - \mathcal{Q} - \mathcal{Q}
c Contac	e Collector	<u>Kathleen Venegas</u> an Tryban	Contact Telephone (708) 292-0472
TO THE BE COLD WA	EST OF MY TER BATH	KNOWLEDGE, THIS WAT ROOM TAP. THIS SAMPLE E SAMPLE COLLECTOR H	ER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT AS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION
Instruction2.T3.A4.In5.C6.CCopies ofdays of re	ns live the seven he seven dig ddress of windicate monificate monificate live name of live Contact this analysis seceipt and in	n dia at a signed number from here the sample was collected h, day and year when sample sample collector. Person name and telephone n s report form <u>and</u> copies of the no case, later than 10 days from 1021 North Grand Aven Springfield, IL 62794-92	r supply as well as the name. your Pb/Cu Approved Site Plan. was collected. umber including the area code. actual certified lab results must be submitted to the Agency within 1 m the end of the sampling period. rotection Agency, BOW/DWCU #19 ue East, P.O. Box 19276 276
ent 1 -		completed by the Laboratory.	Laboratory Name

	USEPA Methou	ug/l		
SDWIS Parameter				ug/1
Lead (1030)				ug/l
	Signature of A e this information under 311. Rev. Stat. 1989, Chapter 1112, S litional civil penalty up to \$1,000.00 each day the failure cont	Analyst or Official ection 1019, Disclosure of this informati inued, a fine up to \$1,000,00 and imprise	on is required. Failure to do so may mment up to one year. This form h	y result in a civil as been approved by
the Forms Management Center.				A - 3

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This section is to be completed by Sample Collector. Please fill in all information.

			William of Alpin	
1.	Facility No.	IL 0310030	Facility Name Village of Alsip	
	-		(Seven digit assigned number from Pb/Cu Approved Site Plan)	
2.	Sample Site No.	LP1A020		6:20
	Site Address	4421 W. 129th St.	4. Date Collected 8-22-23	1
э.	Sile Audioss			A.,
5.	Sample Collector	Maryellen Andrews		
	•	an Truban	Contact Telephone (708) 292-0472	
6.	Contact Name: D	an nyban		

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

maryellen Indrews Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name
Date Received	·	Time Received
Sample No.		Date Analyzed
Gampio 110.		

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
				ug/l
Lead (1030)				ug/l
Copper (1022)	1	1 ant an Official		

DIGHIAUATE OF ANALYSE OF OFFICIAL This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019, Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

N.



This section is to be completed by Sample Collector. Please fill in <u>all</u> information.

1.	Facility No. IL 0310030 Facility Name	village of Alsip ned number from Pb/Cu Approved Site Plan)
2.	Sample Site No. <u>LI INOLI</u>	4. Date Collected <u>3-22-23</u>
3.	Sample Collector Thomas Cusack	
5. 6.	Contact Name: Dan Tryban Contact Te	elephone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Water Apont

Instructions

Give the seven-digit number identifying your supply as well as the name. The seven digit state assigned number from your Pb/Cu Approved Site Plan. 1.

- 2.
- Address of where the sample was collected. Indicate month, day and year when sample was collected. 3.
- 4. Give name of sample collector.
- 5.

Give Contact Person name and telephone number including the area code. Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

This section is to be comp	pleted by the Laboratory-		
		Laboratory Name	
Lab Certification No.		Time Received	
Date Received	and the second		
Sample No.		Date Analyzed	
Sample 1401			

۱					Units
e e		USEPA Method	Reporting Limit	Result	Cinca
A North Contraction	SDWIS Parameter		ug/l		ug/l
1995	Lead (1030)				ug/l
Ļ	Copper (1022)		valuet or Official		1

DIGNALUTE OF ANALYSE OF OFFICIAL This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

1. 2.	Facility No. Sample Site No.	<u>IL 0310030</u> LP1A027	Facility Name (Seven digit assigne	ed numb	er from Pb/Cu Approved Site Plan)
3.	Site Address	12855 S. Blossom Dr.		4.	Date Collected 8/22/23
	Sample Collector				(708) 292-0472
6.	Contact Name: D	an Tryban	Contact Tele		

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Jue Blick

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276

Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-	

Lab Certification No.	 Laboratory Name	
Date Received	 Time Received	
	Date Analyzed	·
Sample No.	 -	

SDWIS Parameter	USEPA Method Reporting Limit ug/l	Result	Units
SD HAC A MARINE			ug/l
Lead (1030)			ug/l
Copper (1022)	The second secon		

DIGITATION OF ATTACHEN This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.		Village of Alsip
2.	Sample Site No.	LP1A028 (Seven digit assigne	ad number from Pb/Cu Approved Site Plan) $(a_1, a_2, a_3, a_4, a_5, a_7, a_7, a_7, a_7, a_7, a_7, a_7, a_7$
3.	Site Address	12849 S. Blossom Dr.	_ 4. Date Collected <u>8-22-23</u>
5.	Sample Collector	Marilyn Cotton	(722) 000 0470
6.	Contact Name: D	an Tryban Contact Tele	phone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Walter Spracher

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Date Received	Lab Certification No.		Laboratory Name	
Date Analyzed		· · · · · · · · · · · · · · · · · · ·	Time Received	
Sample NO.	Sample No.		Date Analyzed	

SDWIS Paramete	er .	USEPA Method	Reporting Li	mit	Result	Units
						ug/l
Lead (1030)			1			ug/l
Copper (1022)			l Official			L

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CORDENSION REPORT VERSION

LEAD/COPPER ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in all information.

Contact Name: Dan Tryban Contact Telephone (708) 292-0472) '9
ample Collector Charles Rios Contact Telephone (708) 292-0472	s .c
ite Address 12841 S. Blossom Dr. 4. Date Collected 7-J-4	3'2
ample Site No. LP1A030 Cleven digit assigned number from Pb/Cu Approved Site Plan)	5' 2
acility No. IL 0310030 Facility Name Village Of Algin Approved Site Plan)	1. F

PROCEDURES. LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR

Signature of Sample Collector OR a Water Supply Official L. J. a. C. Jonach

Instructions

The seven digit state assigned number from your Pb/Cu Approved Site Plan. Give the seven-digit number identifying your supply as well as the name. 1'

- Address of where the sample was collected. .2
- Indicate month, day and year when sample was collected. 'ε
- ٠ç Give name of sample collector. 't⁄
- Give Contact Person name and telephone number including the area code.

days of receipt and in no case, later than 10 days from the end of the sampling period. Opies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10

Springfield, IL 62794-9276 1021 North Grand Avenue East, P.O. Box 19276 Illinois Environmental Protection Agency, BOW/DWCU #19

This section is to be completed by the Laboratory-

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.oV əlqms2	Date Analyzed	 1
Date Received	Тіте Кесеічеd	
Lab Certification No.	 Laboratory Name	
-THIS SCOUDE OF HOUSE SHIT-	 	

				Der (1022)	iuo')
l∕an				I (1030)	рвэд
I∕8n				(0007)	
		1/3n		VIS Parameter	Nas
stinU	Huess	timi. I gnitroqs R	USEPA Method		

Date Forwarded Signature of Analyst or Official information under III. Rew Sint. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil peralty up to \$10,000,00 and an additional civil Rew Sint. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil peralty up to \$10,000,00 and an additional civil Rew Sint. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil peralty up to \$10,000,00 and an additional civil section 0.00 for each day the failure confinued, a fine up to \$1,000,00 and in mation sector. This form has been approved by the Portwa Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030		Village of Alsip
2.	Sample Site No.	LP1A032	(Seven digit assigned	d number from Pb/Cu Approved Site Plan)
3.	Site Address	12827 S Orchard Ave		4. Date Collected <u>B-22-23</u>
5.	Sample Collector	Robert Hannapel		
6.	Contact Name: D	an Tryban	Contact Tele	phone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Robert Hannafe

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	 Laboratory Name	
Date Received	 Time Received	
Sample No.	 Date Analyzed	

SDWIS Para	meter	USEPA Method	Reporting Limit ug/l	Result	Units
					ug/l
Lead (103					ug/l
Copper (102	.2)				

This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Village of Alsip
2.	Sample Site No.	LP1A035	(Seven digit assigned	number from Pb/Cu Approved Site Plan)
3.	Site Address	12833 S Orchard Ave		4. Date Collected 822 2023
5.	Sample Collector	Carla Brewer		
6.	Contact Name: D	an Tryban	Contact Teleph	none (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	Laboratory Name	•
Date Received	Time Received	
Sample No.	Date Analyzed	l

Lead (1030) ug/l	SDWIS	Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
	Lead	(1030)				ug/l
Copper (1022)		<u>```</u>				ug/l

Date Forwarded

Signature of Analyst or Official

This Agency is authorized to require this information under 11. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



Environmental Protection Agenes

LEAD/COPPER ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Villa	ge of Alsip
2.	Sample Site No.	LP1A036	(Seven digit assigned	d numl	per from Pb/Cu Approved Site Plan)
3.	Site Address	12835 S. Orchard Ave.		_ 4.	Date Collected <u>8-22-23</u>
5.	Sample Collector	Bravilo Alvarez			
6.	Contact Name: Da	an Tryban	Contact Teler	ohone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official /A MOST

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2,
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

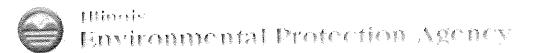
Lab Certification No.	 Laboratory Name	·	·
Date Received	 Time Received		
Sample No.	 Date Analyzed		

SDWIS Parameter	USEPA Metho	od Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
Copper (1022)				ug/l

Signature of Analyst or Official Date Forwarded

This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civit penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

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This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Village of Alsip
2.	Sample Site No.	LP1A037	(Seven digit assigned	number from Pb/Cu Approved Site Plan)
3.	Site Address	12837 S Orchard Ave		4. Date Collected 8-22-2023
5.	Sample Collector	Pemela Kunkel	PAONELA KU	NKel
6.	Contact Name: D	an Tryban	Contact Telep	hone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Huntul

Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name	
Date Received		Time Received	
Sample No.	- 40 million	Date Analyzed	

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
				ug/l
Copper (1022)				

Signature of Analyst or Official

This Agency is authorized to require this information under III. Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$1,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030		Village of Alsip
2.	Sample Site No.	LP1A038	(Seven digit assigne	d number from Pb/Cu Approved Site Plan)
3.	Site Address	12839 S. Orchard Ave	r	4. Date Collected <u><u>8</u>-22-23</u>
5.	Sample Collector	Kyle Hardiman		
6.	Contact Name: D	an Tryban	Contact Tele	phone (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Water Sprous

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	Laboratory Name
Date Received	Time Received
Sample No.	Date Analyzed

SDWIS Parameter	USEPA Method Reporting Limit Result ug/l	Units
T 1 (1030)		ug/l
Lead (1030)		ug/l
Copper (1022)		

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This section is to be completed by Sample Collector. Please fill in <u>all</u> information.

1.	Facility No.	IL 0310030	Facility Name	Villa	ge of Alsip	
2.	Sample Site No.	LP1A041	(Seven digit assigned	i numi	ber from Pb/Cu A	oproved Site Plan)
3.	Site Address	12845 S Orchard Ave		_ 4.	Date Collected	8/22/2023
5.	Sample Collector	Rodger Early				
6.	Contact Name: Dan Tryban		Contact Teler	ohone	(708) 292	-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official

Instructions

- 1. Give the seven-digit number identifying your supply as well as the name.
- 2. The seven digit state assigned number from your Pb/Cu Approved Site Plan.
- 3. Address of where the sample was collected.
- 4. Indicate month, day and year when sample was collected.
- 5. Give name of sample collector.
- 6. Give Contact Person name and telephone number including the area code.

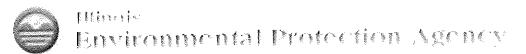
Copies of this analysis report form <u>and</u> copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name	
Date Received		Time Received	
Sample No.	- All Annual All Annual Ann	Date Analyzed	

SDWIS Parameter	USEPA Method Reporting Limit Result ug/l	Units
Lead (1030)		ug/l
Copper (1022)		ug/l
Date Forwarded	Signature of Analyst or Official	



This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name <u>Vil</u>	lage of Alsip
2.	Sample Site No.	LP1A044	(Seven digit assigned nu	mber from Pb/Cu Approved Site Plan)
3.	Site Address	12853 S Orchard Ave	4	Date Collected 8/22/23
5.	Sample Collector	Brittney Woodworth		
6.	Contact Name: D	an Tryban	Contact Telephor	ie (708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES. But so woun

Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name	
Date Received		Time Received	
Sample No.	· · · · · · · · · · · · · · · · · · ·	Date Analyzed	

Lead (1030)	SDWIS	Parameter	USEPA Method	Reporting Limit ug/l	Result	Units	
	Lead	(1030)				ug/l	
			······································			ug/l	

Signature of Analyst or Official

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This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Villag	e of Alsip
2.	Sample Site No.	LP1A045	(Seven digit assigned	d numb	er from Pb/Cu Approved Site Plan)
3.	Site Address	12855 S Orchard Ave		4.	Date Collected 8-22-23
5.	Sample Collector	James Healy			
6.	Contact Name: D	an Tryban	Contact Telep	phone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Melessa Heal Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	 Laboratory Name	
Date Received	 Time Received	
Sample No.	 Date Analyzed	

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
(1000)				ug/l
Copper (1022)				

Signature of Analyst or Official

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This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Villa	ge of Alsip
2.	Sample Site No.	LP1A046	(Seven digit assigned	i num	ber from Pb/Cu Approved Site Plan)
3.	Site Address	12857 S Orchard Ave		_ 4.	Date Collected 8-22-2023
5.	Sample Collector	Paul Jurlow			
6.	Contact Name: D	an Tryban	Contact Telep	hone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Walth Aporner Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name	
Date Received		Time Received	
Sample No.	••••••	Date Analyzed	

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
Copper (1022)				ug/l

Date Forwarded

Signature of Analyst or Official

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This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Villa	ge of Alsip
2.	Sample Site No.	LP1A051	_ (Seven digit assigne		ber from Pb/Cu Approved Site Plan)
3,	Site Address	12847 S. Apple Ln.		4.	Date Collected 8-22-202
5.	Sample Collector	Rafeal Varela			
6.	Contact Name: D	an Tryban	Contact Tele	phone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Kafall Janela Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. $\mathbf{2}$.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- 6. Give Contact Person name and telephone number including the area code.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	Laboratory Name
Date Received	Time Received
Sample No.	Date Analyzed

SDWIS Pa	rameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1	030)				ug/l
Copper (1	.022)				ug/l

Signature of Analyst or Official

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LEAD/COPPER ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Villa	ge of Alsip
2.	Sample Site No.	LP1A052	(Seven digit assigned	d numl	ber from Pb/Cu Approved Site Plan)
3.	Site Address	12845 S. Apple Ln.		_ 4.	Date Collected _ 8/22/23
5.	Sample Collector	<u>Teresa Kowalkowski</u>			
6.	Contact Name: D	an Tryban	Contact Telep	ohone	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- 5. Give name of sample collector.
- Give Contact Person name and telephone number including the area code. 6.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	 Laboratory Name	÷
Date Received	 Time Received	
Sample No.	Date Analyzed	

SDWIS Parameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1030)				ug/l
Copper (1022)				ug/l

Date Forwarded

Signature of Analyst or Official

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This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Villag	e of Alsip
2.	Sample Site No.	LP1A055	(Seven digit assigned	numb	er from Pb/Cu Approved Site Plan)
3.	Site Address	12837 S. Apple Ln.		4.	Date Collected 8-22-23
5.	Sample Collector	Jonathan Motley			
6.	Contact Name: Da	an Tryban	Contact Teleph	none	(708) 292-0472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official Watth Spoorce

Instructions

- 1. Give the seven-digit number identifying your supply as well as the name.
- 2. The seven digit state assigned number from your Pb/Cu Approved Site Plan.
- 3. Address of where the sample was collected.
- 4. Indicate month, day and year when sample was collected.
- 5. Give name of sample collector.
- 6. Give Contact Person name and telephone number including the area code.

Copies of this analysis report form <u>and</u> copies of the actual certified lab results must be submitted to the Agency within 10 days of receipt and in no case, later than 10 days from the end of the sampling period.

Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.	Laboratory Name
Date Received	Time Received
Sample No.	Date Analyzed

SDWIS Par	rameter	USEPA Method	Reporting Limit ug/l	Result	Units
Lead (1	030)				ug/l
Copper (1	022)				ug/l

Date Forwarded _____ Signature of Analyst or Official

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This section is to be completed by Sample Collector. Please fill in all information.

1.	Facility No.	IL 0310030	Facility Name	Village of Alsip
2.	Sample Site No.	LP1A057	(Seven digit assigned	number from Pb/Cu Approved Site Plan)
3.	Site Address	12831 S. Apple Ln.		4. Date Collected 08-22-2023
5.	Sample Collector	Antoinette Velez		
6.	Contact Name: Da	an Tryban	Contact Teleph	

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

intoenette Signature of Sample Collector OR a Water Supply Official

Instructions

- 1. Give the seven-digit number identifying your supply as well as the name.
- 2. The seven digit state assigned number from your Pb/Cu Approved Site Plan.
- 3. Address of where the sample was collected.
- 4. Indicate month, day and year when sample was collected.
- 5. Give name of sample collector.
- 6. Give Contact Person name and telephone number including the area code.

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-This section is to be completed by the Laboratory-

Lab Certification No.	Laboratory Name
Date Received	Time Received
Sample No.	Date Analyzed

SDWIS Parameter	USEPA Method Reporting Limit ug/l	Result	Units
Lead (1030)			ug/l
Copper (1022)			ug/l

Date Forwarded Signature of Analyst or Official

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This section is to be completed by Sample Collector. Please fill in <u>all</u> information.

1.	Facility No.	IL 0310030	_ Facility Name	Villag	e of Alsip	
2.	Sample Site No.	LP1A058	_ (Seven digit assigned	d numb		
3.	Site Address	12829 S. Apple Ln.		_ 4.	Date Collected	8/22/23
5.	Sample Collector	Jorge Gomez				1
6.	Contact Name: D	an Tryban	Contact Telep	ohone	(708) 292-04	472

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

Signature of Sample Collector OR a Water Supply Official

Instructions

- Give the seven-digit number identifying your supply as well as the name. 1.
- The seven digit state assigned number from your Pb/Cu Approved Site Plan. 2.
- Address of where the sample was collected. 3.
- Indicate month, day and year when sample was collected. 4.
- Give name of sample collector. 5.
- Give Contact Person name and telephone number including the area code. 6.

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> Illinois Environmental Protection Agency, BOW/DWCU #19 1021 North Grand Avenue East, P.O. Box 19276 Springfield, IL 62794-9276

-This section is to be completed by the Laboratory-

Lab Certification No.		Laboratory Name
Date Received	Ann	Time Received
Sample No.		Date Analyzed

Copper	(1022)						* 8 **
Connor	(1022)						ug/l
Lead	(1030)						ug/l
sdwis	Parameter	S / Margares (Margares) South S (Second Second S	USEPA Method	The second s	ing Limit 1g/l	Result	Units

Date Forwarded

Signature of Analyst or Official

This Agency is authorized to require this information under III, Rev. Stat. 1989, Chapter 1112, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000,00 and an additional civil penalty up to \$1,000,00 each day the failure continued, a fine up to \$1,000,00 and imprisonment up to one year. This form has been approved the Forms Management Center.

SUBURBAN LABORATORIES, Inc.



1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134 Tel. (708) 544-3260 • Toll Free (800) 783-LABS Fax (708) 544-8587 www.suburbanlabs.com

September 11, 2023

Dan Tryban Village of Alsip Water Department 4500 West 123rd Street Alsip, IL 60658 Workorder: 2308P09 EPA EDD:100225_091123LC1644.cs

TEL: (708) 385-6902 FAX: (708) 385-6971 RE: Lead and Copper

Dear Dan Tryban:

Suburban Laboratories, Inc. received 1 sample(s) on 8/29/2023 for the analyses presented in the following report.

All data for the associated quality control (QC) met EPA, method, or internal laboratory specifications except where noted in the case narrative. If you are comparing these results to external QC specifications or compliance limits and have any questions, please contact us.

This final report of laboratory analysis consists of this cover letter, case narrative, analytical report, dates report, and any accompanying documentation including, but not limited to, chain of custody records, raw data, and letters of explanation or reliance. This report may not be reproduced, except in full, without the prior written approval of Suburban Laboratories, Inc.

If you have any questions regarding these test results, please call me at (708) 544-3260.

Sincerely,

May wayly

Mary Wojdyla Project Manager (708) 544-3260 mwojdyla@suburbanlabs.com





Suburban Laboratories, Inc.

1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

Client: Village of Alsip Water Department Project: Lead and Copper WorkOrder: 2308P09 Date: September 11, 2023 PO #: QC Level: LEVEL I Chain of Custody #:

Temperature of samples upon receipt at SLI: C

General Comments:

- All results reported in wet weight unless otherwise indicated. (dry = Dry Weight)

- Sample results relate only to the analytes of interest tested and to sample as received by the laboratory.

- Environmental compliance sample results meet the requirements of 35 IAC Part 186 unless otherwise indicated.

- Waste water analysis follows the rules set forth in 40 CFR part 136 except where otherwise noted.

- Accreditation by the State of Illinois is not an endorsement or a guarantee of the validity of data generated.

- For more information about the laboratories' scope of accreditation, please contact us at (708) 544-3260 or the Agency at (217) 782-6455.

- All radiological results are reported to the 95% confidence level.

Abbreviations:

- Reporting Limit: The concentration at which an analyte can be routinely detected on a day to day basis, and which also meets regulatory and client needs.

- Quantitation Limit: The lowest concentration at which results can be accurately quantitated.

- J: The analyte was positively identified above our Method Detection Limit and is considered detectable and

usable; however, the associated numerical value is the approximate concentration of the analyte in the sample.

- ATC: Automatic Temperature Correction. - TNTC: Too Numerous To Count

- TIC: Tentatively Identified Compound (GCMS library search identification, concentration estimated to nearest internal standard).

- SS: (Surrogate Standard): Quality control compound added to the sample by the lab.

-LA: Lab Accident - No valid data to report.

-VO: Insufficient Volume provided

-BR: Received broken

-IP: Invalid Sampling

Method References:

For a complete list of method references please contact us.

- E: USEPA Reference methods
- SW: USEPA, Test Methods for Evaluating Solid Waste (SW-846)
- M: Standard Methods for the Examination of Water and Wastewater
- USP: Latest version of United States Pharmacopeia

Workorder Specific Comments:

Page 2 of 7



1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

Laboratory Results

Client ID: Village of Alsip Water Department Project Name: Lead and Copper

Report Date: September 11, 2023 Workorder: 2308P09

Client Sample ID: LP1A002

Matrix: DRINKING WATER

Lab ID: 2308P09-001		Date Received: 08/29/2023 1:25 PM			Collection Date: 08/29/2023 7:00 AM			
Parameter	Result	Report Limit	MCL	Qual.	Units	Dilution Factor	Date Analyzed	Batch ID
METALS BY ICPMS			Method:	EPA-200.8-Rev	5.4, 1994		Analyst: JSM	
Copper Lead	10.8 ND	0.596 0.755	1,300 15.0	J	μg/L μg/L	1	09/08/2023 1:49 AM 09/08/2023 1:49 AM	92166 92166



2308P09-001A

Suburban Laboratories, Inc. 1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

8/29/2023 7:00:00 AM

PREP DATES REPORT

9/7/2023

Client:	Village of Alsip Drink	ing Water	Report Date: September 11, 2023			
Project:	Lead and Copper		La	ab Order: 2308P09)	
Sample ID	Collection Date	Batch ID	Prep Test Name	TCLP Date	Prep Date	

92166

Turbidity Check



1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 (708) 544-3260

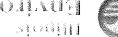


WO#: **2308P09** Date: **9/11/2023**

Qualifiers:

*/X	Value exceeds Maximum Contaminant Level
В	Analyte detected in the associated Method Blank
С	Value is below Minimum Concentration Limit
с	Analyte not in TNI/NELAC scope of accreditation
E	Estimated, detected above quantitation range
G	Refer to case narrative page for specific comments
Н	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limit (QL)
Ν	Tentatively identified compounds
ND	Not Detected at the Reporting Limit
Р	Present
Q	Accreditation is not available from Wisconsin
R	RPD outside accepted recovery limits
S	Spike Recovery outside accepted recovery limits
Т	Analyte detected in sample trip blank
V	EPA requires field analysis/filtration. Lab analysis would be considered past hold time.
WI	This sample was ran at the Wisconsin Laboratory, WI DNR Certified #246179890

Rev 2/17	S	COLLECTOR OR SUBMITTER AND ORIGINAL FORM MUST ACCOMPANY SAMPLES AT ALL TIMES.	VNY SAMPL	CCOMPA	FORM MUST A	ORIGINAL F	ITTER AND	OR SUBN	LECTOR	MPLE COL	BY THE SA	OMPLETELY	ST BE FILLED OUT COMPLETELY BY THE SAMPLE	\leq	THIS FORM
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													Vater(SW), ste (WA). NER: 202	Waste Water (WW), Surface Water(SW), Ground Water (GW), Solid Waste (WA), Sludge (U), Wipe (P) CONTAINER: 202.	Waste W Ground V Sludge ()
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STATIONNENTS PROVINCE INTO

LEAD/COPPER ANALYSIS REPORT FORM

This section is to be completed by Sample Collector. Please fill in all information.

Dan Tryban	Contact Name	•9
tor Mercedes Peterson	Sample Collec	۶'
4207 W. Termunde Dr.	Site Address	.£
o. LP1A002	Sample Site N	5.
IF 0310030	Facility No.	Ϊ,
	o. <u>LP1A002</u> (4207 W. Termunde Dr. tor <u>Mercedes Peterson</u>	Sample Site No. LP1A002 (CP1A002) (Site Address

LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR

Signature of Sample Collector OR a Water Supply Official Income Standard PROCEDURES.

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- Give the seven-digit number identifying your supply as well as the name. Ί
- The seven digit state assigned number from your Pb/Cn Approved Site Plan. '7
- Address of where the sample was collected. .ξ
- Indicate month, day and year when sample was collected. 'ŧ
- ٠ς Give name of sample collector.
- Give Contact Person name and telephone number including the area code. '9

days of receipt and in no case, later than 10 days from the end of the sampling period. Copies of this analysis report form and copies of the actual certified lab results must be submitted to the Agency within 10

Springfield, IL 62794-9276 1021 North Grand Avenue East, P.O. Box 19276 Illinois Environmental Protection Agency, BOW/DWCU #19

-This section is to be completed by the Laboratory-

	Sample No. Date
by second	Date Received Time
ratory Name	Lab Certification No. Labo

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i/ສີn				Lead (1030)
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Signature of Analyst or Official

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