

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,

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





Client: Village of Alsip Water Department

Date: September 11, 2023

Project: Lead and Copper

PO #:

WorkOrder: 2308K69

QC Level: LEVEL I

Temperature of samples upon receipt at SLI: C

Chain of Custody #:

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:



Suburban Laboratories, Inc.

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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

Matrix: DRINKING WATER

Lab ID: 2308K69-001

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	3.53	0.596	1,300	J	µg/L	1	08/31/2023 1:12 AM	92016
Lead	ND	0.755	15.0		µg/L	1	08/31/2023 1:12 AM	92016



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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: LP1A003

Matrix: DRINKING WATER

Lab ID: 2308K69-002

Date Received: 08/22/2023 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	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



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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: LP1A004

Matrix: DRINKING WATER

Lab ID: 2308K69-003

Date Received: 08/22/2023 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



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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: LP1A005

Matrix: DRINKING WATER

Lab ID: 2308K69-004

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

Collection Date: 08/22/2023 3:15 PM

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	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



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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: LP1A007

Matrix: DRINKING WATER

Lab ID: 2308K69-005

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	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



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Laboratory Results

Client ID: Village of Alsip Water Department

Report Date: September 11, 2023

Project Name: Lead and Copper

Workorder: 2308K69

Client Sample ID: LP1A010

Matrix: DRINKING WATER

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	5.14	0.596	1,300	J	µg/L	1	09/07/2023 4:48 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 4:48 PM	92166



Suburban Laboratories, Inc.

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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: LP1A012

Matrix: DRINKING WATER

Lab ID: 2308K69-007

Date Received: 08/22/2023 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



Suburban Laboratories, Inc.

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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: LP1A015

Matrix: DRINKING WATER

Lab ID: 2308K69-008

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	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



Suburban Laboratories, Inc.

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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: LP1A016

Matrix: DRINKING WATER

Lab ID: 2308K69-009

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

Collection Date: 08/22/2023 5:30 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	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



Suburban Laboratories, Inc.

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Laboratory Results

Client ID: Village of Alsip Water Department

Report Date: September 11, 2023

Project Name: Lead and Copper

Workorder: 2308K69

Client Sample ID: LP1A017

Matrix: DRINKING WATER

Lab ID: 2308K69-010

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

Collection Date: 08/22/2023 8:00 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	81.3	0.596	1,300	J	µg/L	1	09/07/2023 4:56 PM	92166
Lead	2.34	0.755	15.0	J	µg/L	1	09/07/2023 4:56 PM	92166



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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: LP1A020

Matrix: DRINKING WATER

Lab ID: 2308K69-011

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

Collection Date: 08/22/2023 6:28 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	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



Suburban Laboratories, Inc.

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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: LP1A024

Matrix: DRINKING WATER

Lab ID: 2308K69-012

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	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



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Laboratory Results

Client ID: Village of Alsip Water Department

Report Date: September 11, 2023

Project Name: Lead and Copper

Workorder: 2308K69

Client Sample ID: LP1A027

Matrix: DRINKING WATER

Lab ID: 2308K69-013

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	36.4	0.596	1,300	J	µg/L	1	09/07/2023 5:09 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:09 PM	92166



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Laboratory Results

Client ID: Village of Alsip Water Department

Report Date: September 11, 2023

Project Name: Lead and Copper

Workorder: 2308K69

Client Sample ID: LP1A028

Matrix: DRINKING WATER

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



Suburban Laboratories, Inc.

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Laboratory Results

Client ID: Village of Alsip Water Department

Report Date: September 11, 2023

Project Name: Lead and Copper

Workorder: 2308K69

Client Sample ID: LP1A030

Matrix: DRINKING WATER

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 5.4, 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



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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: LP1A032

Matrix: DRINKING WATER

Lab ID: 2308K69-016

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

Collection Date: 08/22/2023 6:30 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	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.

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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: LP1A035

Matrix: DRINKING WATER

Lab ID: 2308K69-017

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

Collection Date: 08/22/2023 6:23 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	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



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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: LP1A036

Matrix: DRINKING WATER

Lab ID: 2308K69-018

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

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



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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: LP1A037

Matrix: DRINKING WATER

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



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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: LP1A038

Matrix: DRINKING WATER

Lab ID: 2308K69-020

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	66.9	0.596	1,300	J	µg/L	1	09/07/2023 5:28 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:28 PM	92166



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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: LP1A041

Matrix: DRINKING WATER

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	Date Analyzed	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



Suburban Laboratories, Inc.

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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: LP1A044

Matrix: DRINKING WATER

Lab ID: 2308K69-022

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

Collection Date: 08/22/2023 6:00 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	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



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

Report Date: September 11, 2023
Workorder: 2308K69

Client Sample ID: LP1A045

Matrix: DRINKING WATER

Lab ID: 2308K69-023

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

Collection Date: 08/22/2023 6:05 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	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



Suburban Laboratories, Inc.

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Laboratory Results

Client ID: Village of Alsip Water Department

Report Date: September 11, 2023

Project Name: Lead and Copper

Workorder: 2308K69

Client Sample ID: LP1A046

Matrix: DRINKING WATER

Lab ID: 2308K69-024

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	14.8	0.596	1,300	J	µg/L	1	09/07/2023 5:40 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:40 PM	92166



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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: LP1A051

Matrix: DRINKING WATER

Lab ID: 2308K69-025

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 5.4, 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



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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: LP1A052

Matrix: DRINKING WATER

Lab ID: 2308K69-026

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 5.4, 1994			Analyst: JSM		
Copper	12.8	0.596	1,300	J	µg/L	1	09/07/2023 5:44 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:44 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

Report Date: September 11, 2023
Workorder: 2308K69

Client Sample ID: LP1A055

Matrix: DRINKING WATER

Lab ID: 2308K69-027

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	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



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

Report Date: September 11, 2023
Workorder: 2308K69

Client Sample ID: LP1A057

Matrix: DRINKING WATER

Lab ID: 2308K69-028

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	4.78	0.596	1,300	J	µg/L	1	09/07/2023 5:53 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:53 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

Report Date: September 11, 2023
Workorder: 2308K69

Client Sample ID: LP1A058

Matrix: DRINKING WATER

Lab ID: 2308K69-029

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	114	0.596	1,300		µg/L	1	09/07/2023 5:55 PM	92166
Lead	ND	0.755	15.0		µg/L	1	09/07/2023 5:55 PM	92166



Suburban Laboratories, Inc.

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

PREP DATES REPORT

Client: Village of Alsip Drinking Water

Project: 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



Qualifiers:

* /X	Value exceeds Maximum Contaminant Level
B	Analyte detected in the associated Method Blank
C	Value is below Minimum Concentration Limit
c	Analyte not in TNI/NELAC scope of accreditation
E	Estimated, detected above quantitation range
G	Refer to case narrative page for specific comments
H	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limit (QL)
N	Tentatively identified compounds
ND	Not Detected at the Reporting Limit
P	Present
Q	Accreditation is not available from Wisconsin
R	RPD outside accepted recovery limits
S	Spike Recovery outside accepted recovery limits
T	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.
1950 S. Batavia Ave. Ste. 150 Geneva, IL 60134

Tel. 708.544.3260

login@suburbanlabs.com

www.suburbanlabs.com

CHAIN OF CUSTODY RECORD

Company Name: Village of Alsip

Company Address: 4500 W. 128th Street

City: Alsip State: IL Zip: 60803

Office: 708-385-6902 Mobile: Fax:

Email Address: Dinyan@villageofalsip.org

Project ID / Location: Lead & Copper 2023

Project Manager (Report to): Dan Tylman

Sample Collector(s): Bryan Juncos

TURNAROUND TIME REQUESTED
☒ Normal ☐ RUSH*

* Must be pre-approved and surcharges apply. Checking this box indicates your approval of surcharges.
Date and Time Report Needed:

Specify Regulatory Program: ☐ None/Info Only

☐ LUST ☐ SRP ☒ SDWA

☐ 503 Sludge ☐ NPDES ☐ MWRDGC

☐ Disposal ☐ CCDD ☐ OTHER - Specify Below

ANALYSIS & METHOD REQUESTED
Enter an "X" in box below for request

Page of 5
PO # 84 of 85

Report Type: ☐ Normal ☐ Special*

* Additional charges apply for QC reports and raw data. Specify in comments section

Shipping Method

LAB USE ONLY

Work Order # 2308K69

Temperature of Received Samples: °C

Received within 24 hours of collection? ☐ No ☐ Yes

Lab Comment LAB #

SAMPLE IDENTIFICATION (Use 1 line per container type)			COLLECTION		MATRIX	GRAB/ COMP.	CONTAINERS		PRESERVATIVE	Pb Cu																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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COMMENTS & SPECIAL INSTRUCTIONS:

MATRIX: Drinking Water (DW), Soil (S), Waste Water (WW), Surface Water (SW), Ground Water (GW), Solid Waste (WA), Sludge (U), Wipe (P) CONTAINER: 2oz, 4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube, Glass (G), Plastic (P) PRESERVATIVE: H₂SO₄, HCl, HNO₃, Methanol (MeOH), NaOH, Sodium Bisulfate (NaBS), NaThio

1. Relinquished By: Bryan Juncos Date: 8-22-23 2. Relinquished By: Date: 8/22/23 3. Relinquished By: Date: 8/22/23 4. Relinquished By: Date:

Received By: Time: 14:45 Received By: Time: 17:08 Received By: Time: Received By: Time: ☐ Ice ☐ Ice

THIS FORM MUST BE FILLED OUT COMPLETELY BY THE SAMPLE COLLECTOR OR SUBMITTER AND ORIGINAL FORM MUST ACCOMPANY SAMPLES AT ALL TIMES. Rev 2/17



SUBURBAN LABORATORIES, Inc.

1950 S. Batavia Ave. Ste. 150 Geneva, IL 60134

Tel. 708.544.3260

login@suburbanlabs.com www.suburbanlabs.com

CHAIN OF CUSTODY RECORD

Company Name

Company Address

City

State

Zip

Office

Mobile

Fax

Email Address

Project ID / Location

Project Manager (Report to)

Sample Collector(s)

TURNAROUND TIME REQUESTED

☒ Normal

☐ RUSH*

* Must be pre-approved and surcharges apply. Checking this box indicates your approval of surcharges.

Date and Time Report Needed:

Specify Regulatory Program: ☐ None/info Only

☐ LUST

☐ SRP

☒ SDWA

☐ 503 Sludge

☐ NPDES

☐ MWRDGC

☐ Disposal

☐ CCDD

☐ OTHER - Specify Below

ANALYSIS & METHOD REQUESTED

Enter an "X" in box below for request

Page of

PO # of

Report Type ☐ Normal ☐ Special*

* Additional charges apply for QC reports and raw data. Specify in comments section

Shipping Method

LAB USE ONLY

Work Order # 2308K109

Temperature of Received Samples °C

Received within 24 hours of collection? ☐ No ☐ Yes

Lab Comment

LAB #

SAMPLE IDENTIFICATION (Use 1 line per container type)	COLLECTION		MATRIX	GRAB/ COMP.	CONTAINERS		PRESERVATIVE	Pb	Cu	hours of collection?	LAB #
	DATE	TIME			QTY	SIZE & TYPE					
1 LPIA 024	8-22-23	7am	DV		2	P		✓	✓		
2 LPIA 027	8-22-23	7am						✓	✓		
3 LPIA 028	8-22-23	7am						✓	✓		
4 LPIA 030	8-22-23	4am						✓	✓		
5 LPIA 032	8-22-23	6:30am						✓	✓		
6 LPIA 035	8-22-23	6:23am						✓	✓		
7 LPIA 036	8-22-23	6:45am						✓	✓		
8 LPIA 037	8-22-23	6:10am						✓	✓		
9 LPIA 038	8-22-23	7am						✓	✓		
10 LPIA 041	8-22-23	7am						✓	✓		
11 LPIA 044	8-22-23	6am						✓	✓		
12 LPIA 045	8-22-23	6:05am						✓	✓		
										Lab Comment	

COMMENTS & SPECIAL INSTRUCTIONS:

MATRIX: Drinking Water (DW), Soil (S), Waste Water (WW), Surface Water(SW), Ground Water (GW), Solid Waste (WA), Sludge (U), Wipe (P) CONTAINER: 2oz, 4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube, Glass (G), Plastic (P) PRESERVATIVE: H₂SO₄, HCl, HNO₃, Methanol (MeOH), NaOH, Sodium Bisulfate (NaB), NaThio

1. Relinquished By

Received By

Date 8-22-23

Time 14:45

2. Relinquished By

Received By

Date 8-22-23

Time 17:00

3. Relinquished By

Received By

Date

Time

4. Relinquished By

Received By

Date

Time

THIS FORM MUST BE FILLED OUT COMPLETELY BY THE SAMPLE COLLECTOR OR SUBMITTER AND ORIGINAL FORM MUST ACCOMPANY SAMPLES AT ALL TIMES.



SUBURBAN LABORATORIES, Inc.

1950 S. Batavia Ave. Ste. 150 Geneva, IL 60134

Tel. 708.544.3260

login@suburbanlabs.com

www.suburbanlabs.com

CHAIN OF CUSTODY RECORD

Company Name

Company Address

City

Office

Email Address

Project ID / Location

Project Manager (Report to)

Sample Collector(s)

TURNAROUND TIME REQUESTED

☒ Normal

☐ RUSH*

* Must be pre-approved and surcharges apply. Checking this box indicates your approval of surcharges.

Date and Time Report Needed:

Specify Regulatory Program: ☐ None/info Only

☐ LUST

☐ SRP

☒ SDWA

☐ 503 Sludge

☐ NPDES

☐ MWRDGC

☐ Disposal

☐ CCDD

☐ OTHER - Specify Below

ANALYSIS & METHOD REQUESTED
Enter an "X" in box below for request

Page # of

PO #

Report Type

☐ Normal

☐ Special*

* Additional charges apply for QC reports and raw data. Specify in comments section

Shipping Method

LAB USE ONLY

Work Order #

Temperature of

Received Samples

Received within 24 hours of collection?

☐ No ☐ Yes

Lab Comment

LAB #

SAMPLE IDENTIFICATION (Use 1 line per container type)		COLLECTION		MATRIX	GRAB/ COMP.	CONTAINERS		PRESERVATIVE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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COMMENTS & SPECIAL INSTRUCTIONS:

MATRIX: Drinking Water (DW), Soil (S), Waste Water (WW), Surface Water (SW), Ground Water (GW), Solid Waste (VA), Sludge (U), Wipe (P) CONTAINER: 2oz, 4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube, Glass (G), Plastic (P) PRESERVATIVE: H₂SO₄, HCl, HNO₃, Methanol (MeOH), NaOH, Sodium Bisulfate (NaB), NaThio

1. Relinquished By

Date

2. Relinquished By

Date

3. Relinquished By

Date

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THIS FORM MUST BE FILLED OUT COMPLETELY BY THE SAMPLE COLLECTOR OR SUBMITTER AND ORIGINAL FORM MUST ACCOMPANY SAMPLES AT ALL TIMES.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

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

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 Spooner

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A003</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4215 W. Termunde Dr.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Mayra Gonzalez</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Mayra Gonzalez

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A004</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4219 W. Termunde Dr.</u>	4. Date Collected	<u>8.22.23</u>
5. Sample Collector	<u>Daniel Zavala</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A005</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4227 W. Termunde Dr.</u>	4. Date Collected	<u>8-21-23</u>
5. Sample Collector	<u>Edgar Lopez</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A007</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12851 S. Loveland Ave.</u>	4. Date Collected	<u>8/22/23</u>
5. Sample Collector	<u>Terry Lorek</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Spomer

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 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
Copper (1022)				ug/l

Date Forwarded _____ Signature of Analyst or Official _____
This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A010</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4545 W. 129th St.</u>	4. Date Collected	<u>8/22/23</u>
5. Sample Collector	<u>Eugene Wood</u>	Contact Telephone	<u>(708) 292-0472</u>
6. Contact Name:	<u>Dan Tryban</u>		

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A012</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4533 W. 129th St.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Lorenzo Morales</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 [Signature]

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A015</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4509 W. 129th St.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Jan Radomski</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Spooner

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A016</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4455 W. 129th St.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Roberto Lagunas</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A017</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4449 W. 129th St.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Kathleen Venegas</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Brown

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A020</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>4421 W. 129th St.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Maryellen Andrews</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

6:28
A.M.

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 Maryellen Andrews

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 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
Copper (1022)				ug/l

Date Forwarded _____ Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A024</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>13009 S. Blossom Dr.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Thomas Cusack</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Spore

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A027</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12855 S. Blossom Dr.</u>	4. Date Collected	<u>8/22/23</u>
5. Sample Collector	<u>James Blisk</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Jim Blisk

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 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
Copper (1022)				ug/l

Date Forwarded _____ Signature of Analyst or Official _____
This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A028</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12849 S. Blossom Dr.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Marilyn Cotton</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Sporer

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.

Illinois
Environmental Protection Agency



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.	LP1A030	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3.	Site Address	12841 S. Blossom Dr.	4.	Date Collected 8-22-93
5.	Sample Collector	Charles Rios	Contact Telephone	(708) 292-0472
6.	Contact Name:	Dan Tryban		

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 Walt Brown

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 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
Copper (1022)				ug/l

Signature of Analyst or Official

Date Forwarded _____
This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A032</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12827 S Orchard Ave</u>	4. Date Collected	<u>8-22-03</u>
5. Sample Collector	<u>Robert Hannapel</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Hannapel

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A035</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12833 S Orchard Ave</u>	4. Date Collected	<u>8/22/2023</u>
5. Sample Collector	<u>Carla Brewer</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A036</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12835 S. Orchard Ave.</u>	4. Date Collected	<u>8-22-28</u>
5. Sample Collector	<u>Bravlio Alvarez</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Spooner

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A037</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12837 S Orchard Ave</u>	4. Date Collected	<u>8-22-2023</u>
5. Sample Collector	<u>Pamela Kunkel Pamela Kunkel</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

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Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

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

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 Spooner

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

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Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A041</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12845 S Orchard Ave</u>	4. Date Collected	<u>8/22/2023</u>
5. Sample Collector	<u>Rodger Early</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

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Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

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

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

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Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A045</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12855 S Orchard Ave</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>James Healy</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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

Melissa Healy

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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 Form Management Center.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A046</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12857 S Orchard Ave</u>	4. Date Collected	<u>8-22-2023</u>
5. Sample Collector	<u>Paul Jurlow</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Spooner

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 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
Copper (1022)				ug/l

Date Forwarded _____ Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A051</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12847 S. Apple Ln.</u>	4. Date Collected	<u>8-22-2023</u>
5. Sample Collector	<u>Rafeal Varela</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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

Rafeal Varela

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A052</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12845 S. Apple Ln.</u>	4. Date Collected	<u>8/22/23</u>
5. Sample Collector	<u>Teresa Kowalkowski</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 [Signature]

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 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.	<u> </u>	Laboratory Name	<u> </u>
Date Received	<u> </u>	Time Received	<u> </u>
Sample No.	<u> </u>	Date Analyzed	<u> </u>

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

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A055</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12837 S. Apple Ln.</u>	4. Date Collected	<u>8-22-23</u>
5. Sample Collector	<u>Jonathan Motley</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 Spencer

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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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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Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A057</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12831 S. Apple Ln.</u>	4. Date Collected	<u>08-22-2023</u>
5. Sample Collector	<u>Antoinette Velez</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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

Antoinette Velez

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.



Illinois
Environmental Protection Agency

LEAD/COPPER ANALYSIS REPORT FORM

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

1. Facility No.	<u>IL 0310030</u>	Facility Name	<u>Village of Alsip</u>
2. Sample Site No.	<u>LP1A058</u>	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3. Site Address	<u>12829 S. Apple Ln.</u>	4. Date Collected	<u>8/22/23</u>
5. Sample Collector	<u>Jorge Gomez</u>		
6. Contact Name:	<u>Dan Tryban</u>	Contact Telephone	<u>(708) 292-0472</u>

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 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
Copper (1022)				ug/l

Date Forwarded _____

Signature of Analyst or Official _____

This Agency is authorized to require this information under Ill. 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.

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,

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





Client: Village of Alsip Water Department

Date: September 11, 2023

Project: Lead and Copper

PO #:

WorkOrder: 2308P09

QC Level: LEVEL I

Temperature of samples upon receipt at SLI: C

Chain of Custody #:

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:



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

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	10.8	0.596	1,300	J	µg/L	1	09/08/2023 1:49 AM	92166
Lead	ND	0.755	15.0		µg/L	1	09/08/2023 1:49 AM	92166



Suburban Laboratories, Inc.

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

PREP DATES REPORT

Client: Village of Alsip Drinking Water
Project: Lead and Copper

Report Date: September 11, 2023
Lab Order: 2308P09

Sample ID	Collection Date	Batch ID	Prep Test Name	TCLP Date	Prep Date
2308P09-001A	8/29/2023 7:00:00 AM	92166	Turbidity Check		9/7/2023



Qualifiers:

* /X	Value exceeds Maximum Contaminant Level
B	Analyte detected in the associated Method Blank
C	Value is below Minimum Concentration Limit
c	Analyte not in TNI/NELAC scope of accreditation
E	Estimated, detected above quantitation range
G	Refer to case narrative page for specific comments
H	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limit (QL)
N	Tentatively identified compounds
ND	Not Detected at the Reporting Limit
P	Present
Q	Accreditation is not available from Wisconsin
R	RPD outside accepted recovery limits
S	Spike Recovery outside accepted recovery limits
T	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



Tel. (708) 544-3260 login@metlingroup.com www.metlingroup.com

CHAIN OF CUSTODY RECORD

Company Name Village of Alsip		TURNAROUND TIME REQUESTED <input checked="" type="checkbox"/> Normal <input type="checkbox"/> RUSH*		ANALYSIS & METHOD REQUESTED Enter an "X" in box below for request	
Company Address 4500 W 123rd Street		City Alsip		State IL	
Zip 60803		Fax 708-385-6902		Mobile 708-385-6902	
Email Address Dryden @ Village of Alsip.org		Project ID / Location Lead & Copper 2023		Project Manager (Report to) Don Tryphon	
Sample Collector(s) Bryan Dwyer		Specify Regulatory Program: <input type="checkbox"/> LUST <input type="checkbox"/> SRP <input checked="" type="checkbox"/> SDWA <input type="checkbox"/> 503 Sludge <input type="checkbox"/> NPDES <input type="checkbox"/> MWRDGC <input type="checkbox"/> Disposal <input type="checkbox"/> CCDD <input type="checkbox"/> OTHER - Specify Below		None/Info Only	
SAMPLE IDENTIFICATION (Use 1 line per container type)		COLLECTION DATE TIME		MATRIX	
1 LP1A002		8-29-2023 7:00am		DW	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
MATRIX: Drinking Water (DW), Soil (S), Waste Water (WW), Surface Water (SW), Ground Water (GW), Solid Waste (WA), Sludge (L), Wipe (P) CONTAINER: 2oz, 4oz, 8oz, 40ml Vial, 500ml, Liter (L), Tube, Glass (G), Plastic (P) PRESERVATIVE: H ₂ SO ₄ , HCl, HNO ₃ , Methanol (MeOH), NaOH, Sodium Bisulfate (NaS), Na ₂ Thio		COMMENTS & SPECIAL INSTRUCTIONS:		LAB USE ONLY Work Order # 2308P09 Temperature of Received Samples Received within 24 hours of collection? <input type="checkbox"/> No <input type="checkbox"/> Yes Lab Comment LAB #	
1. Relinquished By Bryan Dwyer		2. Relinquished By Robert J. Smith		3. Relinquished By	
Received By Robert J. Smith		Received By Robert J. Smith		Received By	
Date 8-29-2023		Date 8-29-2023		Date	
Time 10:15		Time 1:25		Time	
Ice <input type="checkbox"/>		Ice <input type="checkbox"/>		Ice <input type="checkbox"/>	
4. Relinquished By		Received By		Received By	
Date		Date		Date	
Time		Time		Time	
Ice <input type="checkbox"/>		Ice <input type="checkbox"/>		Ice <input type="checkbox"/>	
Rev 2/17					



Illinois
Environmental Protection Agency

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.	LP1A002	(Seven digit assigned number from Pb/Cu Approved Site Plan)	
3.	Site Address	4207 W. Termunde Dr.	4.	Date Collected 8.29.23
5.	Sample Collector	Mercedes Peterson	Contact Telephone	(708) 292-0472
6.	Contact Name:	Dan Tryban		

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 Peterson

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 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/DW/CU #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	_____

SDWS Parameter	USEPA Method	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 Ill. 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 no 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.