



Pace Analytical Services, LLC

2231 W. Altorfer Drive

Peoria, IL 61615

(800)752-6651

July 31, 2025

Troy Sisk
Rantoul Water Dept.
101 W. Belle Ave
Rantoul, IL 61866

RE: IL0190650

Dear Troy Sisk:

Please find enclosed the analytical results for the **1** sample(s) the laboratory received on **7/22/25 1:00 pm** and logged in under work order **IG04079**. All testing is performed according to our current TNI accreditations unless otherwise noted. This report cannot be reproduced, except in full, without the written permission of Pace Analytical Services, LLC.

If you have any questions regarding your report, please contact your project manager. Quality and timely data is of the utmost importance to us.

Pace Analytical Services appreciates the opportunity to provide you with analytical expertise. We are always trying to improve our customer service and we welcome you to contact the General Manager, Lisa Grant, with any feedback you have about your experience with our laboratory at 309-683-1764 or lisa.grant@pacelabs.com.

A handwritten signature in cursive script that reads "Margie J. Nobiling".

Margie Nobiling
Project Manager
(309)683-1736
Margie.Nobiling@pacelabs.com



ANALYTICAL RESULTS

Sample: IG04079-01
Name: 1608 GATES
Alias: NON-COMPLIANCE
Reg ID: IL0190650

Sampled: 07/22/25 06:30
Received: 07/22/25 13:00
Matrix: Drinking Water - Regular Sample
PO #: 22745

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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Total Metals - PIA

Copper	11	ug/L		07/30/25 13:30	1	3.0	07/30/25 18:42	BRS	EPA 200.8 REV 5.4
Lead	< 1.0	ug/L		07/30/25 13:30	1	1.0	07/30/25 18:42	BRS	EPA 200.8 REV 5.4



NOTES

Specifications regarding method revisions, method modifications, and calculations used for analysis are available upon request. Please contact your project manager.

* Not a TNI accredited analyte

Certifications

CHI - McHenry, IL - 4314-A W. Crystal Lake Road, McHenry, IL 60050

TNI Accreditation for Drinking Water and Wastewater Fields of Testing through IL EPA Accreditation No. 100279

Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory Registry No. 17556

PIA - Peoria, IL - 2231 W. Altorfer Drive, Peoria, IL 61615

TNI Accreditation for Drinking Water, Wastewater, Solid and Hazardous Material Fields of Testing through IL EPA Accreditation No. 100230

Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory Registry No. 17553

Drinking Water Certifications/Accreditations: Iowa (240); Kansas (E-10338); Missouri (870)

Wastewater Certifications/Accreditations: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

Solid and Hazardous Material Certifications/Accreditations: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

SPMO - Springfield, MO - 1805 W Sunset Street, Springfield, MO 65807

USEPA DMR-QA Program

STL - Hazelwood, MO - 944 Anglum Rd, Hazelwood, MO 63042

TNI Accreditation for Wastewater, Solid and Hazardous Material Fields of Testing through KS KDHE Certification No. E-10389

TNI Accreditation for Wastewater, Solid and Hazardous Material Fields of Testing through IL EPA Accreditation No. - 200080

Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory, Registry No. 171050

Missouri Department of Natural Resources - Certificate of Approval for Microbiological Laboratory Service - No. 1050



Certified by: Margie Nobiling, Project Manager



Pace® Location Requested (City/State):

CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

LAB USE ONLY- Affix Workorder/Login Label Here



1904079

Scan QR Code for instructions

Company Name: Rantoul water Dept.
Street Address: 101 W. Belle Rantoul II 61866

Contact/Report To: Troy Sisk
Phone #: 217-778-5734
E-Mail: tsisk@myrantoul.com

Customer Project #:
Project Name: lead and copper requested sample

Invoice to: Jolene Pacunas
Invoice E-mail: JPacunas@myrantoul.com

Site Collection Info/Facility ID (as applicable):

Purchase Order # (if applicable):
Quote #:

Time Zone Collected: [] AK [] PT [] MT [X] CT [] ET

County / State origin of sample(s):

Data Deliverables: [] Level II [] Level III [] Level IV

Regulatory Program (DW, RCRA, etc.) as applicable:

Reportable [] Yes [] No

[] Level II [] Level III [] Level IV
[] EQUIS
[] Other

Rush (Pre-approval required):
[] Same Day [] 1 Day [] 2 Day [] 3 Day Other
Date Results Requested:

DW PWSID # or WW Permit # as applicable: 0190650

Field Filtered (if applicable): [] Yes [] No

Analysis:

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)

Table with columns: Customer Sample ID, Matrix, Comp / Grab, Composite Start (Date, Time), Collected or Composite End (Date, Time), # Cont., Residual Chlorine (Result, Units), Sample Comment.

Additional Instructions from Pace®:

Collected By: Printed Name, Signature

Customer Remarks / Special Conditions / Possible Hazards: # Coolers, Thermometer ID, Correction Factor (°C), Obs. Temp. (°C), Corrected Temp. (°C), [] On Ice

Relinquished by/Company: (Signature) Date/Time: 7-22-25/10:00AM

Received by/Company: (Signature) Date/Time: [Signature]

Tracking Number: Delivered by: [] In-Person [] Courier [] FedEx [] UPS [] Other Page: of

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace® Terms and Conditions found at https://www.pacelabs.com/resource-library/resource/pace-terms-and-conditions/

ENV-FRM-CORQ-0019_v02_110123 ©

Waltz in



PACE ANALYTICAL LLC, 2231 W Altorfer Drive, Peoria, IL 61615

4079

Facility Number: IL0190650

Phone Number: (217) 892-6540

Facility Name: RANTOUL

Contact Person: Water Operator

Homeowner's Collection Form for Lead and Copper

These samples are being collected to determine the lead and copper levels in your tap water. This sampling effort is required by the USEPA and your State under the lead and copper rule, and is being accomplished through a collaboration between the public water system and their consumers (e.g. residence).

1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected and any taps adjacent or close to that tap. Either early mornings or evenings upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. Do NOT intentionally flush the water line before the start of the 6 hour period.
2. Use a kitchen or bathroom cold-water faucet for sampling that has been used for drinking water consumption in the past few weeks. If you have a water softener on your kitchen taps, collect from the bathroom tap that is not attached to a water softener, or a point of use filter, if possible. Do not remove the aerator prior to sampling. Place the opened sample bottle below the faucet and open the cold water tap as you would to fill a glass of water.

FILL SAMPLE BOTTLE COMPLETELY TO THE TOP PER IEPA REGULATIONS OR SAMPLE WILL BE REJECTED!

3. Tightly cap the sample bottle and review the label at this time to ensure all information is correct. If a label is not provided, a permanent marker may be used to write the address of collection.
4. **If any plumbing repairs or replacement has been done in the home since the previous sampling event, note the information at the bottom of this form. Also if your sample was collected from a tap with a water softener, note this as well.
5. Notify water system staff once the sample is collected.
6. Results from this monitoring effort and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns of the tap monitoring results. However, if excessive lead and/or copper levels are found, immediate notification will be provided (usually 1-2 working days after the system learns of the tap monitoring results).

TO BE COMPLETED BY SAMPLE COLLECTOR

Water was last used: Date 07/21/25 Time 11:00 a.m./ (p.m.) (circle)

Sample was collected: Date 07/22/25 Time 06:30 a.m./ (p.m.) (circle)

Sample Collection Address: 1608 Gates

Faucet (e.g. bathroom sink): Kitchen

This water sample was collected at a cold water bathroom or kitchen tap and has remained motionless in the plumbing for at least 6 hours and was taken in accordance with the above directions.

FILL SAMPLE BOTTLE COMPLETELY TO THE TOP PER IEPA REGULATIONS OR SAMPLE WILL BE REJECTED!

SIGNATURE OF SAMPLE COLLECTOR

Nuretta Braun-Bell

PRINTED NAME OF SAMPLE COLLECTOR

** If sample was collected at a line with a water softener and/or repair/replacement were recently done comment below:

PDC

4079

S

WORK ORDER #: _____ INITIALS: _____

Drinking Water Bottle Receipt Form

SOC (Synthetic Organic Chemicals)

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
Chlorine Check	Chlorine Check	P, U, 150 ml	1								
M504	EDB & DBCP	C,V, 40 ml, Na2S2O3	3								
M504 Trip Blank	Trip Blank	C,V, 40 ml, Na2S2O3	2								
M505 (subcontract)	Toxaphene	C,V, 40 ml, Na2S2O3	3								
M515.3/548	Chlorinated Acids/Endothal	A, G, 500 ml, Na2S2O3	2								
M525.2	Semi-Volatiles	A, G, 1000 ml, Na2SO3 + HCl	3								
M531	Carbamates	A, V, 60 ml, Na2S2O3 + MCAA	1								
M549.2	Diquat	A, P, 1000 ml, Na2S2O3 + H2SO4	1								
M550	Benzo(a)Pyrene	A, G, 1000 ml, Na2S2O3 + HCl	3								
*M547	Glyphosate	A, V, 60 ml, Na2S2O3	1								
*M547 Trip Blank	Trip Blank	A, V, 60 ml, Na2S2O3	1								

*"SOC_W_GLPHOS" & "SOC_IDPH_GROUP A" ONLY

VOC (Volatile Organic Chemicals)

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
M524.2	Regulated Volatile	C,V, 40 ml, HCl	3								
M524.2 Trip Blank	Trip Blank	C,V, 40 ml, HCl	3								
Chlorine Check	Chlorine Check	P, U, 150 ml	1								

IOC (Inorganic Chemicals)

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
*300.0 SO4 & Fluoride Probe	Sulfate by IC/Fluoride Probe	P, 500 ml, Total	1								
**Metals - As, Ba, Be, Cd, Cr, Fe, Hg, Mn, Na, Ni, Sb, Se, Tl, Zn & Turb Check	Metals	P, 250 ml, HNO3, Total	1								
CN-T Kelada DW	Cyanide Total	P, 250 ml, NaOH	1								

*Excluded from "IOC IDPH SHORT LIST"

**Excluded Fe, Mn ,Na ,Ni & Zn from "IOC IDPH SHORT LIST" Fe, Mn ,Na ,Ni & Zn

THM/HAA

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
THM M524	Trihalomethane	C,V, 40 ml, Na2S2O3	4								
HAA M552	Haloacetic Acid	A, V, 60 ML NH4CL	4								
Chlorine Check	Chlorine Check	P, U, 150 ml	1								

TOC

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
TOC	Total Organic Carbon	A, V, 40 ml, H2SO4	3								

Chlorite/Bromate

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
Bromate (Subcontract)	Bromate	P, 100 ml, EDA	1								
Chlorite (Subcontract)	Chlorite	P, 100 ml, EDA	1								

Lead/Copper

Method	Description	Bottle Type	Qty
Lead/Copper	Lead Copper	P, 1000ml LC	1
School Lead	Lead	P, 250ml LC	

PFAS

Method	Description	Bottle Type	Qty	-1	-2	-3	-4	-5	-6	-7	-8
M533	PFAS	533, P, 250mL, C2H7NO2									
M533 FRB	PFAS - FRB	533, P, 250mL, C2H7NO2									
M537.1	PFAS	537.1, P, 250 mL, TRZ									
M537.1 FRB	PFAS - FRB	537.1, P, 250 mL, TRZ									

ENV-FRM-PEOR-0098 v05_Sample Condition Upon Receipt

Client Name: Pentacel Work Order #: 5101 Completed by / Date: NO7225

Custody seal on cooler/box present and seal intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Chain of Custody (CoC) Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CoC is Legible:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sampler Name Present on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sampler Signature Present on CoC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Collection Date Present on CoC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Collection Time Present on CoC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CoC Relinquished by Client:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unique Sample ID's Present on CoC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CoC and Sample Container Labels Match:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sample chilling process started prior to receipt: If yes, what type of ice:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Wet <input type="checkbox"/> Blue
Samples received within temperature compliance: ($\leq 6^{\circ}\text{C}$, but above freezing or received same day collected and chill process started prior to receipt)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Container(s) Received Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Containers Received Labeled and Labels are Legible:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate Bottles Received for Analysis Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient Sample Volume Received:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
USDA Regulated Soil: Country of Origin: _____ State of Origin: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Trip Blank(s) Received: If present, are they Listed on CoC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
VOA vials are free of any headspace larger than pea sized bubble (>6mm) – Applies to methods 8260, 624, 524.2 - including THM vials If headspace is present, note sample ID and # of vials	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
All (Non-Field) Analysis Received Within Hold Times:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rush Turn Around Time Requested or Time Sensitive Analysis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Short Hold Time Analysis (48 Hours or Less):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Client Notification/ Resolution: If checked, please see attached form for additional comments

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

PM Review is documented electronically in LIMS. By releasing the project, the PM acknowledges they have reviewed the sample.