



**Pace Analytical Services, LLC**

**2231 W. Altorfer Drive**

**Peoria, IL 61615**

**(800)752-6651**

September 30, 2025

Brian Cook  
Kaneland Schools  
47W326 Keslinger Rd  
Maple Park, IL 60151

Dear Brian Cook:

Please find enclosed the analytical results for the sample(s) the laboratory received. 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](mailto:lisa.grant@pacelabs.com).

Sincerely,

A handwritten signature in grey ink that reads "Valerie Bennett". The signature is written in a cursive, flowing style.

Valerie Bennett  
Project Manager  
(309)683-1737  
[valerie.bennett@pacelabs.com](mailto:valerie.bennett@pacelabs.com)



## LEAD ANALYTICAL RESULTS

Reg ID: IL3010702

Method: EPA 200.8 REV 5.4

Matrix: Drinking Water

| Record | Result   | Units | Site               | Sample     | Sampled        | Received       | Analyzed       | Analyst |
|--------|----------|-------|--------------------|------------|----------------|----------------|----------------|---------|
| 1      | < 0.0010 | mg/L  | HS HALL A118 R     | II04352-02 | 09/18/25 05:38 | 09/20/25 11:07 | 09/29/25 14:27 | LAM     |
| 2      | < 0.0010 | mg/L  | HS HALL WEST GYM   | II04352-05 | 09/18/25 05:41 | 09/20/25 11:07 | 09/29/25 14:31 | LAM     |
| 3      | < 0.0010 | mg/L  | HS CAFETERIA C     | II04352-01 | 09/18/25 05:30 | 09/20/25 11:07 | 09/29/25 14:25 | LAM     |
| 4      | < 0.0010 | mg/L  | MS W SIDE BOYS     | II04352-08 | 09/18/25 05:58 | 09/20/25 11:07 | 09/29/25 14:41 | LAM     |
| 5      | < 0.0010 | mg/L  | HS HALL C117       | II04352-04 | 09/18/25 05:45 | 09/20/25 11:07 | 09/29/25 14:29 | LAM     |
| 6      | < 0.0010 | mg/L  | HS MAIN ENTRANCE R | II04352-03 | 09/18/25 05:34 | 09/20/25 11:07 | 09/29/25 14:28 | LAM     |
| 7      | 0.0012   | mg/L  | MS HALL OFFICE L   | II04352-09 | 09/18/25 06:01 | 09/20/25 11:07 | 09/29/25 14:42 | LAM     |
| 8      | 0.0012   | mg/L  | MS E SIDE BOYS     | II04352-07 | 09/18/25 05:55 | 09/20/25 11:07 | 09/29/25 14:39 | LAM     |
| 9      | 0.0041   | mg/L  | HS HALL G-WING     | II04352-06 | 09/18/25 05:48 | 09/20/25 11:07 | 09/29/25 14:32 | LAM     |
| 10     | 0.0083   | mg/L  | MS CAFETRIA L      | II04352-10 | 09/18/25 06:04 | 09/20/25 11:07 | 09/29/25 14:44 | LAM     |



## COPPER ANALYTICAL RESULTS

Reg ID: IL3010702

Method: EPA 200.8 REV 5.4

Matrix: Drinking Water

| Record | Result | Units | Site               | Sample     | Sampled        | Received       | Analyzed       | Analyst |
|--------|--------|-------|--------------------|------------|----------------|----------------|----------------|---------|
| 1      | 0.035  | mg/L  | MS W SIDE BOYS     | II04352-08 | 09/18/25 05:58 | 09/20/25 11:07 | 09/29/25 14:41 | LAM     |
| 2      | 0.039  | mg/L  | MS CAFETRIA L      | II04352-10 | 09/18/25 06:04 | 09/20/25 11:07 | 09/29/25 14:44 | LAM     |
| 3      | 0.048  | mg/L  | HS MAIN ENTRANCE R | II04352-03 | 09/18/25 05:34 | 09/20/25 11:07 | 09/29/25 14:28 | LAM     |
| 4      | 0.077  | mg/L  | MS HALL OFFICE L   | II04352-09 | 09/18/25 06:01 | 09/20/25 11:07 | 09/29/25 14:42 | LAM     |
| 5      | 0.079  | mg/L  | MS E SIDE BOYS     | II04352-07 | 09/18/25 05:55 | 09/20/25 11:07 | 09/29/25 14:39 | LAM     |
| 6      | 0.087  | mg/L  | HS HALL WEST GYM   | II04352-05 | 09/18/25 05:41 | 09/20/25 11:07 | 09/29/25 14:31 | LAM     |
| 7      | 0.094  | mg/L  | HS CAFETERIA C     | II04352-01 | 09/18/25 05:30 | 09/20/25 11:07 | 09/29/25 14:25 | LAM     |
| 8      | 0.10   | mg/L  | HS HALL G-WING     | II04352-06 | 09/18/25 05:48 | 09/20/25 11:07 | 09/29/25 14:32 | LAM     |
| 9      | 0.11   | mg/L  | HS HALL A118 R     | II04352-02 | 09/18/25 05:38 | 09/20/25 11:07 | 09/29/25 14:27 | LAM     |
| 10     | 0.20   | mg/L  | HS HALL C117       | II04352-04 | 09/18/25 05:45 | 09/20/25 11:07 | 09/29/25 14:29 | LAM     |



## NOTES

### **How do I evaluate my results? (40 CFR 141.80(c)(3) & 141.86(f))**

Lead and copper analytical results are evaluated against an action level, not an MCL. The lead action level is exceeded if the concentration of lead in more than 10 percent of tap water samples collected during any monitoring period is greater than 0.015 mg/L (i.e., if the 90th percentile level lead level is greater than 0.015 mg/L. The copper action level is exceeded if the concentration of copper in more than 10 percent of tap water samples collected during any monitoring period conducted is greater than 1.3 mg/L (i.e., if the 90th percentile copper level is greater than 1.3 mg/L. All samples that meet the proper site selection and sample collection procedures are used to determine the 90th percentile calculation, even if you collect samples from more sites than required.

### **To calculate 90% when collecting 5 samples:**

1. Take the average of the 4th and 5th highest sample by adding the 2 results together and dividing by 2.
2. Compare the 90% level to the lead and copper action level listed above.

### **To calculate 90% when collecting MORE than 5 samples:**

1. The report indicates the lead and copper results in ascending order (from lowest to highest value).
2. If collecting:
  - 10 samples = 9th highest sample is 90%
  - 20 samples = 18th highest sample is 90%
  - 30 samples = 27th highest sample is 90%
  - 40 samples = 36th highest sample is 90%
  - 50 samples = 45th highest sample is 90%
  - 60 samples = 54th highest sample is 90%
3. If your 90th percentile value is higher than 0.015 mg/L for lead or 1.3 mg/L for copper, you have an exceedance.



## 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

*Valerie Bennett*

Certified by: Valerie Bennett, Project Manager



# Consumer Notice of Lead Water Results at

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## What Does This Mean?

Under the authority of the Safe Drinking Water Act, U.S.EPA set the action level for lead in drinking water at 15 ppb. This means that water supply's must ensure that water from the consumer's tap does not exceed this level in at least 90 percent of the taps sampled (90th percentile value). The action level is the concentration of a contaminant which, if exceeded, triggers treatment or other requirements that a water system must follow. If water from the tap exceeds this limit, then the supply must take certain steps to correct the problem. Because lead may pose serious health risks, U.S.EPA set a Maximum Contaminant Level Goal (MCLG) of zero for lead. The MCLG is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

## What Are The Health Effects of Lead?

Lead can cause serious health effects if too much enters your body from drinking water or other sources. It can cause damage to the brain and kidneys, and can interfere with the production of red blood cells that carry oxygen to all parts of the body. The greatest risk of lead exposure is to infants, young children, and pregnant women. Scientists have linked the effects of lead on the brain with lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Adults with kidney problems and high blood pressure can be affected by low levels of lead more than healthy adults. Lead is stored in the bones, and it can be released later in life.

## What Can I Do To Reduce Exposure to Lead in Drinking Water?

- **Test your water for lead.**
- **Run your tap water to flush out lead.**  
If water hasn't been used for several hours, run water from the tap for 30 seconds or until it becomes cold or reaches a steady temperature before using it for drinking or cooking. This flushes lead-containing water from the pipe.
- **Identify if your plumbing fixtures contain lead.**
- **Look for alternative sources or treatment of water.**
- **Use cold water for cooking and preparing baby formula.**
- **Do not boil water in an attempt to remove lead. This only makes the lead level higher.**

## For More Information

Call the water system at \_\_\_\_\_. For more information on reducing lead exposure and the health effects of lead, visit U.S.EPA's Web site at [www.epa.gov/lead](http://www.epa.gov/lead), call the National Lead Information Center at 800-424-LEAD, or contact your health care provider.

I, \_\_\_\_\_ hereby certify that the lead consumer notice and results were posted on \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_ SDWIS ID: \_\_\_\_\_

Send a signed copy of this notice to Jamie Tosetti, IDPH Division of Environmental Health, 525 W. Jefferson St., 3rd Floor, Springfield IL 62761



Pace Analytical Services, LLC  
2231 W Altorfer Drive  
Peoria, IL 61615

Phone: 800.752.6651

Page 1 of 2

IL3010702 KANELAND HIGH SCHOOL  
Kaneland Schools

Contact Name: Mark D. Payton

Phone Number: 630 365 8244

e-mail: 10853@Kaneland.org

Purchase order# \_\_\_\_\_

Brian Cook

Lead/Copper

**Please read sampling instructions carefully before sampling!**

- ☐ Site 1 **Approved IDPH Site Name:** HS Cafeteria C  
Sampled By: Mark D. Payton Date: 09/18/25 Time: 5:30 am/pm (circle)
- ☐ Site 2 **Approved IDPH Site Name:** HS Hall A118 R  
Sampled By: Mark D. Payton Date: 09/18/25 Time: 5:38 am/pm (circle)
- ☐ Site 3 **Approved IDPH Site Name:** HS Main Entrance R  
Sampled By: Mark D. Payton Date: 09/18/25 Time: 5:34 am/pm (circle)
- ☐ Site 4 **Approved IDPH Site Name:** HS Hall C117  
Sampled By: Mark D. Payton Date: 09/18/25 Time: 5:45 am/pm (circle)
- ☐ Site 5 **Approved IDPH Site Name:** HS Hall West Gym  
Sampled By: Mark D. Payton Date: 09/18/25 Time: 5:41 am/pm (circle)

The water samples were collected at a COLD water bathroom or kitchen tap and have remained motionless in the plumbing for at LEAST 6 HOURS and were taken in accordance with the attached sampling instructions. Bottles must be filled to the TOP or the sample will be rejected by the lab.

Mark D. Payton  
SIGNATURE OF SAMPLE COLLECTOR

Mark D. Payton  
PRINTED NAME OF SAMPLE COLLECTOR

Sample Between: 06/01/2025 - 9/30/2025

|                                 |       |
|---------------------------------|-------|
| Relinquished By:<br>(Signature) | Date: |
|                                 | Time: |
| Received By:<br>(Signature)     | Date: |
|                                 | Time: |
| Relinquished By:<br>(Signature) | Date: |
|                                 | Time: |
| Received By:<br>(Signature)     | Date: |
|                                 | Time: |

Carrollin Bama

9/20/25  
11:07

**Ice not required**

**Results will be electronically submitted to the IDPH**

PDC



Pace Analytical Services, LLC  
2231 W Altorfer Drive  
Peoria, IL 61615

Phone: 800.752.6651

Page 2 of 2

IL3010702 KANELAND HIGH SCHOOL  
Kaneland Schools

Contact Name: Mark D. Payton  
Phone Number: 630 365 8244  
e-mail: 10853 @ Kaneland.org  
Purchase order# \_\_\_\_\_

Brian Cook

Lead/Copper

**Please read sampling instructions carefully before sampling!**

- ☐ Site 6 **Approved IDPH Site Name:** HS Hall G-wing ~~X~~ 548  
**Sampled By:** Mark D. Payton **Date:** 09/18/25 **Time:** 5:48 am/pm (circle)
- ☐ Site 7 **Approved IDPH Site Name:** MS E side Boys  
**Sampled By:** Mark D. Payton **Date:** 09/18/25 **Time:** 5:55 am/pm (circle)
- ☐ Site 8 **Approved IDPH Site Name:** MS w side Boys  
**Sampled By:** Mark D. Payton **Date:** 09/18/25 **Time:** 5:58 am/pm (circle)
- ☐ Site 9 **Approved IDPH Site Name:** MS Hall Office L  
**Sampled By:** Mark D. Payton **Date:** 09/18/25 **Time:** 6:01 am/pm (circle)
- ☐ Site 10 **Approved IDPH Site Name:** MS Cafeteria L  
**Sampled By:** Mark D. Payton **Date:** 09/18/25 **Time:** 6:04 am/pm (circle)

The water samples were collected at a COLD water bathroom or kitchen tap and have remained motionless in the plumbing for at LEAST 6 HOURS and were taken in accordance with the attached sampling instructions. Bottles must be filled to the TOP or the sample will be rejected by the lab.

Mark D. Payton

SIGNATURE OF SAMPLE COLLECTOR

Mark D. Payton

PRINTED NAME OF SAMPLE COLLECTOR

|                                 |       |
|---------------------------------|-------|
| Relinquished By:<br>(Signature) | Date: |
|                                 | Time: |
| Received By:<br>(Signature)     | Date: |
|                                 | Time: |
| Relinquished By:<br>(Signature) | Date: |
|                                 | Time: |
| Recived By:<br>(Signature)      | Date: |
|                                 | Time: |

Sample Between: 06/01/2025 - 9/30/2025

Ice not required

Results will be electronically submitted to the IDPH

PDC

Camelia Bompato

9/20/25  
11:07

# ENV-FRM-PEOR-0098 v05\_Sample Condition Upon Receipt

Client Name: Kareland Work Order #: II04352 Completed by / Date: CLB 9-20-25

|                                                                                                                                                                                               |                                                                                                                                                                |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |              |
| Sample Collection Date Present on CoC:                                                                                                                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |              |
| Sample Collection Time Present on CoC:                                                                                                                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            | <del>✗</del> |
| CoC Relinquished by Client:                                                                                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |              |
| Unique Sample ID's Present on CoC:                                                                                                                                                            | <input checked="" 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:<br>If yes, what type of ice:                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><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:<br>Country of Origin: _____<br>State of Origin: _____                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                               |              |
| Trip Blank(s) Received:<br>If present, are they Listed on CoC:                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><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<br>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: Mark Payton Date/Time: 9/25/25 11:50a

Comments/ Resolution: Provider missing times of collection, added to CoC's/mg 9/25/25

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

WORK ORDER #: II04352 INITIALS: Cr6

## 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\_GLPPOS" & "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, Ti, 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 | 10  |
| 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  |     |    |    |    |    |    |    |    |    |



**Pace Analytical Services, LLC**  
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