N.
8/9
153689

APPENDIX J

PRIVATE WELL SAMPLE FORMS

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

02658

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING
COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

1. NAME OF SOURCE OR FACILITY NAME: LAWRENCE HUTSON (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 3304 FALLING SPRING RD. (STREET/RURAL ROUTE/ROAD)

CAHOKIA (CITY/TOWN/STATE) 62206 (ZIP CODE) 163 (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 8 5 85 (MO DAY YR)

3. TIME COLLECTED: AM PM 1030

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X]

SAMPLE POINT DESCRIPTION (OPTIONAL)

5. NAME OF COLLECTOR: W. Mayer

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [O]
- DRILLED [R]
- DRIVEN [V]
- BORED [B]

IF WELL ENTER DEPTH FEET: 34

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [Y]
- c. CISTERN [C]
- d. SPRING [S]
- e. LAKE [L]
- f. OTHER [O]

7. SAMPLE LOCATION
- a. RAW AT PUMP [P]
- b. FILTERED [F]
- c. AT TAP [N]
- d. OTHER [O]

8. MAIL REPORT TO:
NAME: E. Side Health District
STREET, RR, ETC: 5510 Bundy Ave.
CITY, STATE: East St. Louis Ill. ZIP CODE: 62201
TELEPHONE NBR: 618 - 874 - 4692

REMARKS:

OFFICIAL USE	
9. MICROFILM NO:	
10. TRAN. CODE:	5 5
11. REGION OR LHD:	4
12. LABORATORY ID:	001
13. PROGRAM CODE:	
14. COLLECTOR ID:	
15. FACILITY ID:	

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	>16.0	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220	<10	L
NITRATE (QUAN)	1230		L

17. DATE RECEIVED AT LABORATORY: MO DAY YR 8-6-1985 TIME: 9 AM PM

18. DECHLORINATED BOTTLE? 1 YES [ ] 0 NO [X]

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

*CODE UNIT AS FOLLOWS:
- % = PERCENT
- A = GRAMS
- B = /GM.
- C = DEGC
- F = DEGF
- H = /100ML
- I = MICROGRAM/L
- J = /100GM.
- L = MG./L
- M = /ML
- O = COLOR
- T = TU
- U = MICROGM./ML
- X = PPM
- Y = PPB

19. DATE REPORTED FROM LABORATORY: MO DAY YR 8-8-85 ANALYST

INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[ ] SATISFACTORY	[X] SATISFACTORY	[ ] SATISFACTORY
[X] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

LHD STAMP

REMARKS: See attached 8-9-85 LW. Fred T. Crawford

REPORT OF ANALYSIS

This sample has been analyzed for pollutional bacteria called "coliforms" which are normally present in the intestinal tract of humans, birds, and land animals. They are always found in sewage, and are generally present in surface water and shallow ground water. Coliforms in a water sample usually indicate that pollution is entering the water supply and that organisms which cause intestinal infections may be present or may gain entrance to the supply. Proper location, construction, and maintenance of a supply will prevent pollution from entering, thus assuring a bacteriologically safe water.

OPINIONS checked below indicate the quality of the water for drinking at the time of sample collection:

☐ SAFE for drinking, but the continued safety depends upon the source being properly located, contructed, and maintained as explained in our circular. Do not rely on a "safe" analysis if there is any sanitary defect in location or construction of source.

☒ POLLUTIONAL bacteria present in sample. The water is UNSAFE to drink. Read our circular carefully for proper location and construction, and for disinfection. Pollutional organisms are destroyed by bringing the water to a rolling boil for three minutes.

☒ NITRATE content - satisfactory - for use by children under one year.

☐ NITRATE content is too high for use by children under one year as it may cause "blue baby" illness. Nitrate in water cannot be decreased by boiling. A water with 10 or less milligrams of nitrate (as N) per liter (MG/L) is recommended.

Local Health Department Stamp

MW 61-PVT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

02108

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 – 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING.

COLLECTOR – PREPARE ONE FORM FOR EACH SAMPLE.

1a. NAME OF SOURCE OR FACILITY NAME: John Gillette (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 3300 Ferris S.R.R. (STREET/RURAL ROUTE/ROAD)

Cahokia (CITY/TOWN/STATE) 62243 (ZIP CODE) 163 (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 7 26 85 (MO DAY YR)

3. TIME COLLECTED: 1100 AM PM

4. IS SUPPLY CHLORINATED? 1 YES 0 NO [X]

SAMPLE POINT DESCRIPTION (OPTIONAL)

5. NAME OF COLLECTOR: W. Mayner

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [ ] R
- DRIVEN [X] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 35

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [X] P
- b. FILTERED [ ] F
- c. AT TAP [ ] N
- d. OTHER [ ] O

8. MAIL REPORT TO:
- NAME: E. Side Health District
- STREET, RR, ETC: 5540 Bunkum Rd.
- CITY/STATE: East St. Louis Ill. ZIP CODE: 62204
- TELEPHONE NBR: 618 - 874 - 4192

REMARKS: VR

OFFICIAL USE
- 9. MICROFILM NO:
- 10. TRAN. CODE: 55
- 11. REGION OR LHD: 4
- 12. LABORATORY ID: 001
- 13. PROGRAM CODE:
- 14. COLLECTOR ID:
- 15. FACILITY ID:

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	<2.2	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAN)		DECHLORINATED SAMPLE	L
		NO CHEMICAL ANALYSIS	

17. DATE RECEIVED AT LABORATORY: MO DAY YR JUL 30 1985 TIME: 900 AM PM CP

18. DECHLORINATED BOTTLE? 1 YES [X] 0 NO [ ]

WORK AREA:

10	1	.1	.01	.001		MEMBRANE FILTER	
						COLIFORM	FILTER COLIFORM

*CODE UNIT AS FOLLOWS:
- % = PERCENT
- A = GRAMS
- B = /GM.
- C = DEGC
- F = DEGF
- H = /100ML
- I = MICROGRAM/L.
- J = /100GM.
- L = MG./L
- M = /ML
- O = COLOR
- T = TU
- U = MICROGM./ML.
- X = PPM
- Y = PPB

19. DATE REPORTED FROM LABORATORY: MO DAY YR 8 - 1 - 85 P ANALYST

INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[X] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[ ] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS: 8-2-85 L.W. Fred L. Crawford

LHD STAMP

IDPH • CGGCF 021 • REV. 7 78

15551

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING
COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

1a. NAME OF SOURCE OR FACILITY NAME: Lewis Park (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 2482 Renois Ln (STREET/RURAL ROUTE/ROAD) 2482

Lake Kia (CITY/TOWN/STATE) | ZIP CODE | 163 (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 3 25 86 (MO DAY YR)

3. TIME COLLECTED: 1009 AM | PM

4. IS SUPPLY CHLORINATED? 1 YES ☐ 0 NO ☒

SAMPLE POINT DESCRIPTION (OPTIONAL)

5. NAME OF COLLECTOR: Holmes & Mayman

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG ☐ D
- DRILLED ☒ R
- DRIVEN ☐ V
- BORED ☐ B

IF WELL ENTER DEPTH FEET: 29

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER ☐ Y
- c. CISTERN ☐ C
- d. SPRING ☐ S
- e. LAKE ☐ L
- f. OTHER ☐ O

7. SAMPLE LOCATION
- a. RAW AT PUMP ☐ P
- b. FILTERED ☐ F
- c. AT TAP ☒ H
- d. OTHER ☐ O

8. MAIL REPORT TO:
- NAME: E. Side Health Dist.
- STREET, RR, ETC: 5540 Bankers Rd.
- CITY/STATE: E. St. Louis | ZIP CODE: 62204
- TELEPHONE NBR: 618 - 874 - 4692

REMARKS:

OFFICIAL USE

9. MICROFILM NO:	
10. TRAN. CODE:	55
11. REGION OR LHD:	4
12. LABORATORY ID:	001
13. PROGRAM CODE:	
14. COLLECTOR ID:	
15. FACILITY ID:	

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	<212	H
FECAL COLI	3030		H
FECAL STREP	3080		H
NITRATE (QUAL)	1220	<10	L
NITRATE (QUAN)	1230		L
Fe		0.5	X

17. DATE RECEIVED AT LABORATORY: MO DAY YR: MAR 26 1986 TIME: 900 AM | PM

18. DECHLORINATED BOTTLE? 1 YES ☐ 0 NO ☒

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L	T = TU
B = /GM	J = /100GM	U = MICROGM/ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

19. DATE REPORTED FROM LABORATORY: MO DAY YR: 3 - 28 - 86

ANALYST: (Pw)

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
☒ SATISFACTORY	☐ SATISFACTORY	☐ SATISFACTORY
☐ UNSATISFACTORY	☐ UNSATISFACTORY	☐ UNSATISFACTORY

REMARKS: Iron, reasonably satisfactory
HC 3-31-86

LHD STAMP: Fred L. Crawford

Copy mailed over 4/2/86 ejc

IDPH • CGGCF 021 • REV. 7/71

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

21988

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING

COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

1a. NAME OF SOURCE OR FACILITY NAME: LARRY BROOKS (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 2413 RENOIS LANE (STREET/RURAL ROUTE/HIGH)

CAHOKIA IL (CITY/TOWN/STATE) 62206 (ZIP CODE) 163 (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 05 09 88 (MO DAY YR)

3. TIME COLLECTED: 0935 AM PM

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X] (SAMPLE POINT DESCRIPTION (OPTIONAL))

5. NAME OF COLLECTOR: LESTER BONNETTE

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [X] R
- DRIVEN [ ] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 044

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [ ] P
- b. FILTERED [ ] F
- c. AT TAP [X] W
- d. OTHER [ ] O

8. MAIL REPORT TO:

NAME: LARRY BROOKS

STREET, RR, ETC: 2413 RENOIS LANE

CITY/STATE: CAHOKIA ZIP CODE: 62206

TELEPHONE NBR: 618 - 337 - 1297

REMARKS:

OFFICIAL USE

9. MICROFILM NO:
10. TRAN. CODE: 55
11. REGION OR LHD: 4
12. LABORATORY ID: 00
13. PROGRAM CODE:
14. COLLECTOR ID:
15. FACILITY ID:

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	< 2.2	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAN)	1230		L

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L	T = TU
B = /GM	J = /100GM	U = MICROGM/ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

17. DATE RECEIVED AT LABORATORY: MO DAY YR AM PM

05 - 10 - 88 TIME: 845

18. DECHLORINATED BOTTLE? 1 YES [X] 0 NO [ ]

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

19. DATE REPORTED FROM LABORATORY: MO DAY 5 - 12 - 88 OK

ANALYST: KNK

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[ ] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[ ] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS: DECHLORINATED SAMPLE
NO CHEMICAL ANALYSIS

LHD STAMP

IDPH • CGGCF 021 • REV. 7/78

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING
COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

21275

1a. NAME OF SOURCE OR FACILITY NAME: LARRY W. SMITH (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 1303 ST STEVENS (STREET/RURAL ROUTE/ROAD)

CAHOKIA IL (CITY/TOWN/STATE) 62206 (ZIP CODE) ____ (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 06/13/88 (MO DAY YR) 3. TIME COLLECTED: 1030 AM ____ PM

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X] ____ (SAMPLE POINT DESCRIPTION (OPTIONAL))

5. NAME OF COLLECTOR: Lester Bonnette

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [X] R
- DRIVEN [ ] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 40

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [X] P
- b. FILTERED [ ] F
- c. AT TAP [ ] H
- d. OTHER [ ] O

8. MAIL REPORT TO:

NAME: LARRY W. SMITH
STREET, RR, ETC: 1303 ST STEVENS
CITY/STATE: CAHOKIA IL ZIP CODE: 62206
TELEPHONE NBR: 618 - 337 - 5845

REMARKS: Ok For Safe Drinking Water

OFFICIAL USE

9. MICROFILM NO:	
10. TRAN. CODE:	55
11. REGION OR LHD:	4
12. LABORATORY ID:	001
13. PROGRAM CODE:	
14. COLLECTOR ID:	
15. FACILITY ID:	

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	>16.0	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAN)	1230		L

*CODE UNIT AS FOLLOWS:
- % = PERCENT
- A = GRAMS
- B = /GM.
- C = DEGC
- F = DEGF
- H = /100ML.
- I = MICROGRAM/L.
- J = /100GM.
- L = MG./L
- M = /ML
- O = COLOR
- T = TU
- U = MICROGM./ML.
- X = PPM
- Y = PPB

17. DATE RECEIVED AT LABORATORY: MO DAY YR JUN 14 1988 TIME: AM 915 PM

18. DECHLORINATED BOTTLE? 1 YES [X] 0 NO [ ]

WORK AREA:

10	1	.1	.01	.001		MEMBRANE FILTER	
						COLIFORM	FILTER COLIFORM

19. DATE REPORTED FROM LABORATORY: MO DAY YR 6 - 18 - 88

ANALYST: [signature]

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[ ] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[X] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS: DECHLORINATED SAMPLE NO CHEMICAL ANALYSIS

UNSAFE TO DRINK! BACTERIA PRESENT IN SAMPLE.

LHD STAMP

IDPH • CGGCF 021 • REV. 7/78

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING

COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

02671

OFFICIAL USE	
9. MICROFILM NO:	
10. TRAN. CODE:	55
11. REGION OR LHD:	
12. LABORATORY ID:	00
13. PROGRAM CODE:	
14. COLLECTOR ID:	
15. FACILITY ID:	

1a. NAME OF SOURCE OR FACILITY NAME: H. E. Kearby (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 144 ST JAMES (STREET/RURAL ROUTE/ROAD)

Cahokia IL (CITY/TOWN/STATE) 62206 (ZIP CODE) (COUNTY CODE (USE BACK))

2. DATE COLLECTED: 08 07 89 (MO DAY YR) 3. TIME COLLECTED: 0940 (AM) (PM)

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X] (SAMPLE POINT DESCRIPTION (OPTIONAL))

5. NAME OF COLLECTOR: Lester Bennette Eastside Health

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [X] R
- DRIVEN [ ] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 30

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [X] P
- b. FILTERED [ ] F
- c. AT TAP [ ] H
- d. OTHER [ ] O

8. MAIL REPORT TO:

NAME: H. E. Kearby

STREET, RR, ETC: 144 ST JAMES

CITY/STATE: Cahokia IL ZIP CODE: 62206

TELEPHONE NBR: 618 - 332 - 6559

REMARKS: Ck For Safe Water

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	748 tns	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAN)	1230		L

Sample old

17. DATE RECEIVED AT LABORATORY: MO DAY YR: AUG 10 1989 TIME: 8:39 AM PM 98

18. DECHLORINATED BOTTLE? 1 YES [ ] 0 NO [X]

WORK AREA:

10	1	.1	.01	.001		MEMBRANE FILTER	
						COLIFORM	FILTER COLIFORM

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L	T = TU
B = /GM	J = /1000ML	U = MICROGM/ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

19. DATE REPORTED FROM LABORATORY: MO DAY YR: 8 11 89 ANALYST: JW

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[ ] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[ ] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS: 1 M Bottle Sent 8.11.89 nd

LHD STAMP: Eastside Health

IDPH • OGGCF 021 • REV. 7/78

RESAMPLE - TOO OLD (OVER 48 HRS OLD)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

PRIVATE WATER SUPPLY SAMPLE FORM

AUG 11 1989 SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COLLECTOR PREPARE ONE FORM FOR EACH SAMPLE. COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING

1a. NAME OF SOURCE OR FACILITY NAME: H. E. KEARBY (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 144 ST JAMES (STREET/RURAL ROUTE/RURAL)

CAHOKIA, IL (CITY/TOWN/STATE) 62206 (ZIP CODE) (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 08 29 89 (MO DAY YR)

3. TIME COLLECTED: 0845 AM PM

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X]

SAMPLE POINT DESCRIPTION (OPTIONAL)

5. NAME OF COLLECTOR: Lester Bonnette East Side Health

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [X] M
- DRIVEN [ ] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 30

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [X] P
- b. FILTERED [ ] F
- c. AT TAP [ ] H
- d. OTHER [ ] O

8. MAIL REPORT TO:

NAME: H. E. KEARBY
STREET, RR, ETC: 144 ST JAMES
CITY/STATE: CAHOKIA, IL ZIP CODE: 62206
TELEPHONE NUM: 618 - 332 - 6559

REMARKS: Cl2 For SAFE WATER

OFFICIAL USE

U3846

9. MICROFILM NO:
10. TRAN. CODE: S,S
11. REGION OR LHD:
12. LABORATORY ID: 001
13. PROGRAM CODE:
14. COLLECTOR ID:
15. FACILITY ID:

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLIFORM	3011	<2.2	H
FECAL COLI	3030		H
FECAL STREP	1090		H
NITRATE (QUAL)	1220	6.0	L
NITRATE (QUAN)	1230		L
PSEUDOMONAS AERUGINOSA		PRESENT	

17. DATE RECEIVED AT LABORATORY: MO DAY YR 8 29 89 TIME: AM PM 1 30 PM

18. DECHLORINATED BOTTLE? 1 YES [ ] 0 NO [X]

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L.	T = TU
B = /GM	J = /100GM	U = MICROGM/ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

19. DATE REPORTED FROM LABORATORY: MO DAY YR 9 1 89

ANALYST: JW

14b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[ ] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[ ] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS:

LHD STAMP

EASTSIDE HEALTH DEPARTMENT
5540 BUNKUM ROAD
WASHINGTON PARK, IL 62204
Attn: Lester Bonnette

IDPH • CDBCF 021 • REV. 7/78

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

02108

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING.
COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

1a. NAME OF SOURCE OR FACILITY NAME: Indian Bluffs (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 3200 Ferris S.D. Rd. (STREET/RURAL ROUTE/ROAD)

Carbondale (CITY/TOWN/STATE) 62901 (ZIP CODE) 163 (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 7 26 85 (MO DAY YR)

3. TIME COLLECTED: 1100 (AM) (PM)

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X]

SAMPLE POINT DESCRIPTION (OPTIONAL)

5. NAME OF COLLECTOR: W. Mayfield

6. SOURCE OF SUPPLY IS: *(CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)*

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [ ] R
- DRIVEN [X] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 35

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [X] P
- b. FILTERED [ ] F
- c. AT TAP [ ] T
- d. OTHER [ ] O

8. MAIL REPORT TO:
- NAME: E. Side Health District
- STREET, RR, ETC: 5540 Bunkum Rd.
- CITY, STATE: East St. Louis Ill. ZIP CODE: 62204
- TELEPHONE NBR: 618 - 874 - 4192

REMARKS: UR

OFFICIAL USE

9. MICROFILM NO:	
10. TRAN. CODE:	55
11. REGION OR LHD:	4
12. LABORATORY ID:	001
13. PROGRAM CODE:	
14. COLLECTOR ID:	
15. FACILITY ID:	

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	<2.2	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAL)		DECHLORINATED SAMPLE	L
		NO CHEMICAL ANALYSIS	

17. DATE RECEIVED AT LABORATORY: MO DAY YR JUL 30 1985 TIME: AM 900 PM CP

18. DECHLORINATED BOTTLE? 1 YES [X] 0 NO [ ]

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L.	T = TU
B = /GM.	J = /100GM.	U = MICROGM/ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

19. DATE REPORTED FROM LABORATORY: MO DAY YR 8-1-85 P

ANALYST

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[X] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[ ] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS: 8-2-85 L.W. Fred L. Crawford

LHD STAMP

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

02667

PRIVATE WATER SUPPLY SAMPLE FORM

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 - 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING

COLLECTOR - PREPARE ONE FORM FOR EACH SAMPLE.

1a. NAME OF SOURCE OR FACILITY NAME: Geo. Johnson (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: 3302 Falling Springs Rd (STREET/RURAL ROUTE/ROAD)

Cahokia (CITY/TOWN/STATE) 62206 (ZIP CODE) 163 (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 8 5 84 (MO DAY YR)

3. TIME COLLECTED: AM PM 1230

4. IS SUPPLY CHLORINATED? 1 YES 0 NO ☒

SAMPLE POINT DESCRIPTION (OPTIONAL)

5. NAME OF COLLECTOR: W. Musgrave

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG ..... D
- DRILLED ..... R
- DRIVEN ..... ☒ V
- BORED ..... B

IF WELL ENTER DEPTH FEET: 346 feet

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER ..... Y
- c. CISTERN C
- d. SPRING ..... S
- e. LAKE L
- f. OTHER ..... O

7. SAMPLE LOCATION
- a. RAW AT PUMP ..... P
- b. FILTERED ..... F
- c. AT TAP ..... ☒ N
- d. OTHER ..... O

8. MAIL REPORT TO:

NAME: East Side Health District

STREET, RR, ETC: 5540 Bunkum Rd

CITY/STATE: East St. Louis, Ill. ZIP CODE: 62204

TELEPHONE NBR: 618 - 874 - 4692

REMARKS:

OFFICIAL USE

9. MICROFILM NO:
10. TRAN. CODE: 55
11. REGION OR LHD: 4
12. LABORATORY ID: 001
13. PROGRAM CODE:
14. COLLECTOR ID:
15. FACILITY ID:

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011	<2.2	H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAN)	1230		L

DECHLORINATED SAMPLE
NO CHEMICAL ANALYSIS

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L	T = TU
B = /GM	J = /100GM	U = MICROGM./ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

17. DATE RECEIVED AT LABORATORY: MO DAY YR AUG 6 1985 TIME: AM PM

18. DECHLORINATED BOTTLE? 1 YES ☒ 0 NO ☐

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

19. DATE REPORTED FROM LABORATORY: MO DAY YR 8 - 10 - 85

ANALYST: TR

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
☐ SATISFACTORY	☐ SATISFACTORY	☐ SATISFACTORY
☐ UNSATISFACTORY	☐ UNSATISFACTORY	☐ UNSATISFACTORY

REMARKS:

LHD STAMP

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LABORATORIES

Example. Improper Container for Nitrate

PRIVATE WATER SUPPLY SAMPLE FORM

JUL 15 1983

SAMPLES SHOULD REACH LABORATORY WITHIN 30 HOURS AFTER COLLECTION

COMPLETE ITEMS 1 – 8 IN BOX. USE BLACK PENCIL OR BLACK TYPING

74203

COLLECTOR – PREPARE ONE FORM FOR EACH SAMPLE.

1a. NAME OF SOURCE OR FACILITY NAME: MELVIN M. ARNOLD (NAME OF SOURCE)

1b. ADDRESS OF SOURCE: RR1 BOX 143 MILLSTADT (STREET/RURAL ROUTE/ROAD)

MILLSTADT ILL. (CITY/TOWN/STATE) 62260 (ZIP CODE) ____ (COUNTY CODE (SEE BACK))

2. DATE COLLECTED: 9 1 83 (MO DAY YR)

3. TIME COLLECTED: 11 45 (AM) ____ (PM)

4. IS SUPPLY CHLORINATED? 1 YES [ ] 0 NO [X]

SOUTH WELL (SAMPLE POINT DESCRIPTION (OPTIONAL))

5. NAME OF COLLECTOR: _____

6. SOURCE OF SUPPLY IS: (CHECK APPROPRIATE BOX & COMPLETE WHERE NECESSARY)

a. WELL (IF WELL - CHECK ONE BELOW)
- DUG [ ] D
- DRILLED [✓] R
- DRIVEN [ ] V
- BORED [ ] B

IF WELL ENTER DEPTH FEET: 40

(IF OTHER THAN WELL CHECK ONE BELOW)
- b. CITY WATER [ ] Y
- c. CISTERN [ ] C
- d. SPRING [ ] S
- e. LAKE [ ] L
- f. OTHER [ ] O

7. SAMPLE LOCATION
- a. RAW AT PUMP [ ] P
- b. FILTERED [ ] F
- c. AT TAP [✓] N
- d. OTHER [ ] O

8. MAIL REPORT TO:

NAME: MELVIN M. ARNOLD

STREET, RR, ETC: RR1 BOX 143

CITY/STATE: MILLSTADT ILL. ZIP CODE: 62260

TELEPHONE NBR: 618 - 337 - 1518

REMARKS: Nitrates Only

OFFICIAL USE

9. MICROFILM NO:
10. TRAN. CODE: 55
11. REGION OR LHD:
12. LABORATORY ID:
13. PROGRAM CODE:
14. COLLECTOR ID:
15. FACILITY ID:

FOR LABORATORY USE ONLY

16. RESULTS:

PARAMETER	ID		UNIT*
TOTAL COLI (MF)	3010		H
TOTAL COLI (MPN)	3011		H
FECAL COLI	3030		H
FECAL STREP	3090		H
NITRATE (QUAL)	1220		L
NITRATE (QUAN)	1230	<0.1	L

*CODE UNIT AS FOLLOWS:

% = PERCENT	H = /100ML	O = COLOR
A = GRAMS	I = MICROGRAM/L	T = TU
B = /GM	J = /100GM	U = MICROGM/ML
C = DEGC	L = MG/L	X = PPM
F = DEGF	M = /ML	Y = PPB

17. DATE RECEIVED AT LABORATORY: SEP - 2 1983 (MO DAY YR) TIME: 8 30 (AM) ____ (PM)

18. DECHLORINATED BOTTLE? 1 YES [ ] 0 NO [X]

WORK AREA:

10	1	.1	.01	.001	MEMBRANE FILTER	
					COLIFORM	FILTER COLIFORM

19. DATE REPORTED FROM LABORATORY: 9 - 12 - 83 (MO DAY YR)

ANALYST: [signature]

16b. INTERPRETATION OF RESULTS:

COLIFORM	NITRATE	TURBIDITY
[ ] SATISFACTORY	[ ] SATISFACTORY	[ ] SATISFACTORY
[ ] UNSATISFACTORY	[ ] UNSATISFACTORY	[ ] UNSATISFACTORY

REMARKS: _____

LHD STAMP

East Side Health District.
5540 Bunkum Road
E. St Louis, IL 62204