



Element
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Fort Wayne, Indiana
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E: Info.FortWayne@element.com
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May 19, 2025

Jack Rupley
Manchester Intermediate
20 W Woodring Rd
Laketon, IN 46943

RE: PWSID IN2850844 Coliform

Dear Jack Rupley:

Lot Id: 225762

Element Materials Technology – Fort Wayne received 1 sample(s) on 5/16/2025 for the analyses presented in the following report.

In accordance with your instructions, a laboratory of Element Materials Technology Fort Wayne LLC either conducted or subcontracted these analyses. Subcontracted analyses will be identified in an accompanying case narrative and any associated report(s) will be attached in full. Unless otherwise noted in the case narrative, all analyses were conducted using approved methodologies. Reported results relate only to the items tested.

Estimated uncertainty is available upon request. This report shall not be reproduced, except in full, without the written approval of the laboratory.

If you have any questions regarding these test results, please feel free to call.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Megan Krauskopf'.

Megan Krauskopf
Senior Project Manager
Suite 100, 328 Ley Road,
Fort Wayne, IN 46825

Accreditation

TNI:2016 (Florida)
ISO 17025:2017 (A2LA)
Indiana – Fort Wayne
Indiana – Fort Wayne
Indiana – Columbus
Indiana – South Bend

Cert #

E871168
6190.02
C-02-03
M-02-05
M-03-02
M-71-02

Accreditation

Louisiana
Michigan
South Dakota
Tennessee

Cert #

235913
9030
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04911

Analytical Report

Bill To: Manchester Intermediate 20 W Woodring Rd Laketon, IN, United States 46943	Project ID: PWSID IN2850844 Coliform	Lot ID: 225762
Attn: Jack Rupley	Project Name:	Control Number:
Sampled By: JR	Project Location:	Date Received: May 16, 2025
Company:	LSD:	Date Reported: May 19, 2025
	P.O.:	Report Number: 328322
	Proj. Acct. code:	Report Type: Final Report

Reference Number **225762-1**

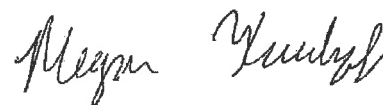
Sample Date 2025-05-16 07:35

Sample Description Room 106

Sample Matrix PWS Drinking Water

Analyte		Result	Units	Qual	DF	Detection Limit	Analysis Start Date/Time	Analyst Initials
Microbiology								
Total Coliforms	Presence/Absence	Absent	per 100 mL		1	1	May 16, 2025 16:32	CS
Escherichia coli	Presence/Absence	Absent	per 100 mL		1	1	May 16, 2025 16:32	CS
Analyst		GGJ			1		May 16, 2025 16:32	CS

Approved by:



Megan Krauskopf
Senior Project Manager

Data have been validated by Analytical Quality Control and Element's Integrated Data Validation System (IDVS).

Generation and distribution of the report, and approval by the digitized signature above, are performed through a secure and controlled automatic process.

Methodology and Notes

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Method of Analysis

Method Name	Reference	Method	Date Analysis Started	Location
Coliforms by Colilert	SMEWW	Enzyme Substrate Test, 9223B	May 16, 2025	Fort Wayne

References

SMEWW	Standard Methods for the Examination of Water and Wastewater
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Comments:

- Per IDEM's policy initiated in July 2020, these test results have been uploaded to the IDEM Compliance Monitoring Data Portal. Please review and confirm the correct sampling points, sample type (Routine, Repeat, Triggered, or Confirmation), and result information was received by IDEM using the Drinking Water Watch website <https://myweb.in.gov/IDEM/DWW>. The results will typically be available on the website within 75 minutes to 24 hours of receiving your report.

Please direct any inquiries regarding this report to our Client Services group.

Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.



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Report Transmission Cover Page

Bill To: Manchester Intermediate
20 W Woodring Rd
Laketon, IN, United States
46943
Attn: Jack Rupley
Sampled By: JR
Company:

Project ID: PWSID IN2850844
Coliform
Project Name:
Project Location:
LSD:
P.O.:
Proj. Acct. code:

Lot ID: **225762**
Control Number:
Date Received: May 16, 2025
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Report Number: 328322
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Contact	Company	Address
Darla Cain	Manchester Intermediate	20 W Woodring Rd Laketon, IN 46943 Phone: (260) 901-3059 Fax: Email: darla_cain@mcs.k12.in.us
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email	PDF	Invoice
IDEM FW Submission	IDEM	
		Fort Wayne, IN Phone: (260) 471-7000 Fax: Email: angela.lyster@element.com
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email	IDEM CMDP	Test Report
IDEM Submission	IDEM CMDP	Test Report
Jack Rupley	Manchester Intermediate	20 W Woodring Rd Laketon, IN 46943 Phone: (260) 901-3059 Fax: Email: jack_rupley@mcs.k12.in.us
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email - Merge	PDF	COC / Test Report

Notes To Clients:

- Per IDEM's policy initiated in July 2020, these test results have been uploaded to the IDEM Compliance Monitoring Data Portal. Please review and confirm the correct sampling points, sample type (Routine, Repeat, Triggered, or Confirmation), and result information was received by IDEM using the Drinking Water Watch website <https://myweb.in.gov/IDEM/DWW>. The results will typically be available on the website within 75 minutes to 24 hours of receiving your report.

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**TOTAL COLIFORM / GROUNDWATER RULE REPORTING**

State Form 53297 (R3 / 1-13)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

Lab received:
(mm/dd/yy)

05 / 16 / 25

Time received:

08 : 53 AM RB

Date reported:
(mm/dd/yy)

/ /

CERTIFIED LAB NUMBER:

M - 02 - 05

TO BE COMPLETED BY THE PUBLIC WATER SYSTEM

Samples will not be analyzed if this form is not complete. Use black ink.

Laboratory, please send a copy to:

Name: Manchester Intermediate

Street: 20 W Woodring Rd

City: Laketon IN ZIP: 46943

Organization telephone number: (260) 901 - 3059

PWSID:

I N 2 8 5 0 8 4 4

Collection Date (mm/dd/yyyy):

05 / 16 / 2025

Collection Time:

7 : 35 AM

Sample Location Address:

20 W Woodring Rd

Sample Comments / Remarks (tap, sink, boil water, etc.)

0.0M 106

Chlorine Residual at Sample Location:

FREE mg/L TOTAL mg/L

SAMPLE TYPE (check appropriate box):

TCR: ☒ Routine ☐ Repeat ☐ SpecialGWR: ☐ Source triggered (TG) ☐ Source additional (CO)

Well Number / ID:

Date of Original Sample -- only if repeat or additional (mm/dd/yyyy):

/ /

Lab Sample ID of Original Sample:

Additional Comments:

Printed Name and Initials of Sample Collector:

Jack Rupley JR

Printed Name and Initials of Certified Operator:

Jack Rupley JR

ANALYSIS DATA - FOR LAB USE ONLY

Lab Sample ID: 225762

TEST RESULTS: Total Coliform

METHOD:

☐ MF ☐ MPN ☐ LST P/A ☒ MM P/A ☐ MM QT

RESULTS:

☐ PRESENT ☐ ABSENT

Most probable number:

Analyst:

Date: / / Time:

TEST RESULTS: ☐ Fecal Coliform ☒ E Coli

METHOD:

☐ MF ☐ MPN ☐ LST P/A ☒ MM P/A ☐ MM QT

RESULTS:

☐ PRESENT ☐ ABSENT

Most probable number:

Analyst:

Date: / / Time:

HETEROTROPHIC PLATE COUNT:

☐ /1.0mL ☐ /0.1 mL ☐ TMTC (Too many to count)

* If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100 mL. If MF is checked, the result is in organisms per 100 mL. If P/A is checked, the result is present or absent.

FOLLOW-UP ACTION IS REQUIRED:

☐ SUBMIT REPEAT SAMPLES☐ SAMPLE WAS REJECTED BECAUSE:

- ☐ Too long in transit (> 30 hours)
- ☐ Invalid or no collection date and/or time
- ☐ High background count
- ☐ Sample broken or leaked in transit (Insufficient volume)
- ☐ Residual chlorine present

Lot: 225762 COC

Manchester Intermediate

5.7°C
JR-021

RB

