

## **ELDRIDGE ELECTRIC AND WATER UTILITY BOARD**

August 19<sup>th</sup>, 2025 – 5:00 pm City Hall, 305 N. 3<sup>rd</sup> Street

- 1. Call to Order
- 2. Public Comment
- 3. Approval of Agenda
- 4. Approval of Utility Board Minutes from August 5th, 2025
- 5. Financial & Administrative
  - A. Consideration to Approve Bills Payable
  - B. Department Update
- 6. Electric Department
  - A. Outages
  - B. Discussion & Consideration to approve Electric Superintendent base wage and Line Foreman & Electric Superintendent Job Descriptions.
  - C. Department Update Collin Wilson
- 7. Water Department
  - A. Water Main Breaks
  - B. Water Test Results
  - C. Discussion & consideration to approve quote from LMI for a replacement auto transfer switch for the Water Treatment Plant generator.
  - D. Discussion and consideration to approve water tower logo font and color
  - E. Department Update Cegan Long
- 8. Adjournment

NEXT REGULAR MEETING: Tuesday, September 9th, 2025 at 5:00 pm

Abby Petersen Mark Goodding Rachael Padavich Jeff Hamilton Michael Bristley

- The regular meeting of the Board of Trustees of the Eldridge Electric and Water Utility Board was called to order at 5:00 p.m. on August 5<sup>th</sup>, 2025, at Eldridge City Hall.
   The board members present were Mark Goodding, Abby Petersen, and Jeff Hamilton. Also present were Gage Lane, Nevada Lemke, Sadie Wagner, Cegan Long, and Marty O' Boyle. Rachael Padavich, and Jeff Hamilton were absent. Call to Order
- 2. Public Comment- None
- 3. Goodding made a motion to approve the agenda. Second by Hamilton. All Ayes, Motion carried.
- 4. Goodding made a motion to approve the Utility Board Minutes from July 22<sup>nd</sup>, 2025. Second by Hamilton. All Ayes, Motion carried.

#### 5. Financial & Administrative

- A. Goodding made a motion to approve the Approve Bills Payable in the amount of \$590,768.25. Second by Hamilton. All Ayes, Motion carried.
- B. Department Update- Wagner informed the board about the existing old and bad debt that is being reviewed for potential write-offs. She explained that the balances have been carried for an extended period and are considered uncollectible. Wagner is currently working closely with the auditors to determine the most appropriate and compliant method for writing off the debt. Additional updates will be provided once a final recommendation is made.

## 6. Electric Department

- A. Outages- None
- B. Department Update Wagener informed the board that the crew has been actively working on system improvements. A new service installation is underway, and the team recently completed the replacement of a utility pole at W. 6th Street and W. Prairie Vista. They are currently focused on replacing another pole located on W. Le Claire Road.

## 7. Water Department

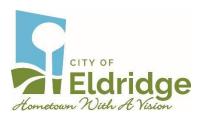
- A. Water Main Breaks- None
- B. Water Test Results- All water sample results came back good. No issues were found.
- C. Hamilton Made Motion to Approve Resolution 2025-15 E&W Repealing Resolution 2022-08 E&W Establishing Rules & Fees for Temporary Hydrant Meter Rental. Second by Goodding. Roll Call, Petersen (Aye), Goodding (Aye), Hamilton (Aye). Motion Carried.
- D. Petersen Made Motion to Table quote from LMI for a replacement auto transfer switch for the Water Treatment Plant generator. All Board Members Ayed. Item is tabled tell next meeting.
- E. Department Update Long informed the board that staff has been working hard on the lead and copper service line forms. We recently found our first two galvanized lines and will be conducting further inspections. The BSI website is now officially launched.

## 8. Adjournment-

Goodding Made Motion to adjourn at 5:13pm. Hamilton second. All Ayes.

Sincerely, Gage Lane Utility Billing Clerk

| OUEOK "    | DEST     | FILLER         | BILLS PAYABLE                        | DECORPTON                                |    | MOIIN:=    |
|------------|----------|----------------|--------------------------------------|--|----|------------|
| CHECK#     | DEPT     | FUND           | VENDOR                               | DESCRIPTON                               |    | MOUNT      |
| 226954     | ELECTRIC | 630-5-820-6310 | A & A AIR COND & REFRIGERATION INC   | ICE MACHINE RENT                         | \$ | 125.00     |
| 226954     | ELECTRIC | 630-5-820-6310 | A & A AIR COND & REFRIGERATION INC   | ICE MACHINE RENT                         | \$ | 62.50      |
| 226955     | ELECTRIC | 630-5-820-6340 | ACCESS SYSTEMS LEASING               | COPIER SERVICES                          | \$ | 188.01     |
| 226956     | WATER    | 600-5-810-6371 | ALLIANT ENERGY CO.                   | UTILITIES                                | \$ | 43.39      |
| 226957     | ELECTRIC | 630-5-820-6310 | ALWAYS CLEAN LLC                     | CLEANING SERVICES                        | \$ | 300.00     |
| 226958     | ELECTRIC | 630-5-820-6506 | AMAZON CAPITAL SERVICES              | FOLDERS                                  | \$ | 3.94       |
| 226959     | ELECTRIC | 630-5-820-6401 | BOHNSACK & FROMMELT LLP              | ACCOUNTING SERVICES                      | \$ | 1,106.25   |
| 226960     | WATER    | 600-5-810-6373 | CENTRAL SCOTT TELEPHONE              | INTERNET & TELEPHONE                     | \$ | 259.77     |
| 226960     | ELECTRIC | 630-5-820-6373 | CENTRAL SCOTT TELEPHONE              | INTERNET & TELEPHONE                     | \$ | 449.95     |
| 226961     | ELECTRIC | 630-5-820-6310 | CINTAS CORPORATION                   | FLOOR MATS                               | \$ | 82.62      |
| 226961     | ELECTRIC | 630-5-820-6310 | CINTAS CORPORATION                   | FLOOR MATS                               | \$ | 53.98      |
| 226962     | WATER    | 600-5-810-6311 | CLIMATE ENGINEERS-QC                 | HVAC MAINTENANCE                         | \$ | 2,275.24   |
| 226963     | ELECTRIC | 630-5-820-6413 | COMMUNITY ACTION OF EASTERN IOWA     | PROJECT SHARE                            | \$ | 52.50      |
| 226964     | ELECTRIC | 630-5-820-6512 | DITCH WITCH                          | SHOVEL                                   | \$ | 152.00     |
| 226965     | ELECTRIC | 630-5-820-6414 | EASTERN IOWA PUBLICATION LLC         | UTILITY PUBLISHING                       | \$ | 417.40     |
| 226966     | WATER    | 600-5-810-6780 | GRUNWALD LAND DEVELOPMENT, L.C       | GRUNWALD LAND AGREEMENT                  |    | 21,915.00  |
| 226966     | WATER    | 600-5-810-6605 | GRUNWALD LAND DEVELOPMENT, L.C       | GRUNWALD LAND AGREEMENT                  |    | 21,915.00  |
| 226967     | WATER    | 600-5-810-6501 | HAWKINS INC.                         | CHLORINE CYLINDERS                       | \$ | 1,619.73   |
| 226968     | WATER    | 600-5-810-6213 | IOWA DEPARTMENT OF NATURAL RESOURCES | IOWA DNR PERMIT                          | \$ | 731.23     |
| 226969     | WATER    | 600-5-810-6240 | MENARDS                              | GARAGE GUTTER MATERIALS                  | \$ | 162.86     |
| 226969     | WATER    | 600-5-810-6723 | MENARDS                              | MAINTENANCE MATERIALS                    | \$ | 33.15      |
| 226969     | ELECTRIC | 630-5-820-6310 | MENARDS                              | BOLT CUTTER/BROOM & DUSTPAN              | \$ | 30.47      |
| 226970     | WATER    | 600-5-810-6752 | PFM FINANCIAL ADVISORS LLC           | WATER REVENUE ANALYSIS                   | \$ | 20,247.72  |
| 226971     | WATER    | 600-5-810-6451 | QC ANALYTICAL SERVICES LLC           | COMPLIANCE TESTING                       | \$ | 512.00     |
| 226972     | WATER    | 600-5-810-6451 | QC METALLURGICAL LAB                 | BACTERIA TESTING                         | \$ | 40.00      |
| 226973     | WATER    | 600-5-810-6373 | QUAD CITIES TAS                      | ANSWERING SERVICE                        | \$ | 60.70      |
| 226973     | ELECTRIC | 630-5-820-6450 | QUAD CITIES TAS                      | ANSWERING SERVICE                        | \$ | 60.71      |
| 226974     | ELECTRIC | 630-5-820-6560 | RESCO                                | FIBERGLASS TANGENT ARM                   | \$ | 1,126.00   |
| 226975     | WATER    | 600-5-810-6420 | SAM, LLC                             | BI-ANNUAL WEB MAINTENANCE & TECH SUPPORT | \$ | 495.00     |
| 226975     | ELECTRIC | 630-5-820-6420 | SAM, LLC                             | BI-ANNUAL WEB MAINTENANCE & TECH SUPPORT | \$ | 495.00     |
| 226975     | WATER    | 600-5-810-6420 | SAM, LLC                             | TECH SUPPORT                             | \$ | 75.00      |
| 226975     | ELECTRIC | 630-5-820-6420 | SAM, LLC                             | TECH SUPPORT                             | \$ | 75.00      |
| 226976     | WATER    | 600-5-810-6373 | SHARED IT INC                        | IT SERVICES                              | \$ | 123.85     |
| 226976     | ELECTRIC | 630-5-820-6373 | SHARED IT INC                        | IT SERVICES                              | \$ | 123.85     |
| 226977     | WATER    | 600-5-810-6310 | THE NORTHWAY CORPORATION             | PUMP MAINTENANCE                         | \$ | 12,476.80  |
| 226978     | WATER    | 600-5-810-6332 | TRI STATE ENGINE SERVICE LLC         | REPAIR KIT                               | \$ | 874.16     |
| 226979     | WATER    | 600-5-810-6560 | VAN WERT INC                         | WATER METERS & RADIOS                    | \$ | 6,586.91   |
| 226980     | WATER    | 600-5-810-6332 | VERMEER SALES & SERVICE              | FUEL LINE                                | \$ | 392.22     |
| DFT0000181 | ELECTRIC | 630-5-820-6501 | MIDAMERICAN ENERGY COMPANY           | LOUISA CASH REQUEST                      | \$ | 36,000.00  |
| DFT0000196 | WATER    | 600-5-810-6213 | ADP, INC                             | PAYROLL FEES                             | \$ | 33.03      |
|            | WATER    | 600-5-810-6150 | EBS                                  | ADMIN FEES                               | \$ | 60.80      |
|            | ELECTRIC | 630-5-820-6150 | EBS                                  | ADMIN FEES                               | \$ | 38.96      |
| DFT0000202 |          | 630-5-820-6502 | MIDAMERICAN ENERGY COMPANY           | WS-4 CASH REQUEST                        |    | 97.000.00  |
| DFT0000203 |          | 821-5-630-6184 | EBS                                  | CLAIMS                                   | \$ | 497.48     |
| DFT0000204 |          | 630-5-820-6402 | PAYMENTECH (TYLER CC)                | TYLER FEES                               | \$ | 4,221.68   |
| ACH        | SPLT     | SPLIT          | PAYROLL 8/14                         | PAYROLL 8/14                             |    | 39,989.50  |
|            |          | LII            | Q LE 0/11                            | TOTAL                                    | _  | 273,586.36 |



## **Job Description**

| Title: Electric Line Foreman | Dept: Electric Utility | Class: Union-Hourly |
|------------------------------|------------------------|---------------------|
| Supervisor: Electric         |                        |                     |
| Superintendent               |                        |                     |

## **SUPERVISION**

The Electric Line Foreman is a full-time hourly position that works under the direction of the Electric Superintendent.

## **ESSENTIAL FUNCTIONS**

- The functions listed describe the primary purpose of this job. Specific duties or tasks may vary and be documented separately. The employee might not be required to perform all functions listed. Additional duties may be assigned, and functions may be modified, according to necessity.
- All assigned duties or tasks are deemed to be part of the essential functions, unless such duties or tasks are unrelated to the functions listed, in which case they are deemed to be other (non-essential) functions.
- Employees are held accountable for successful job performance. Job performance standards may be documented separately, and may include functions, objectives, duties or tasks not specifically listed herein.
- In performing functions, duties or tasks, employees are required to know and follow safe work practices, and to be aware of City policies and procedures related to job safety, including safety rules and regulations. Employees are required to notify supervisors upon becoming aware of unsafe working conditions.
- All functions, duties or tasks are to be carried out in an honest, ethical and professional manner, and to be performed in conformance with applicable City policies and procedures. In the event of uncertainty or lack of knowledge of City policies and procedures, employees are required to request clarification or explanations from supervisors or authorized City representatives.
  - 1. Works with the Electric Superintendent to coordinate and schedule projects with customers and contractors.
  - 2. Studies drawings, specifications, and work orders to effectively organize work for the crew
  - 3. Gives instruction in the proper operation of substations and other pieces of equipment and devices.
  - 4. Assists and recommends purchase of materials and supplies to maintain proper inventories
  - 5. Supervise the activities of Line Crew personnel.
  - 6. Make recommendations for hiring, promotion, evaluation, discharge, or other disciplinary action.

- 7. Assist with training and perform evaluations of apprentice line workers every 6 months, ensuring testing and job skills are in accordance with IAMU apprentice program and line department guidelines.
- 8. Participates in the rotating "on-call" duty.
- 9. Ensures safety policies and procedures are enforced for the protection of the crews, coworkers, and public.
- 10. Working with other City departments as needed, investigates and resolves complaints, issues or questions of the general public or city departments.
- 11. Implements maintenance plans to ensure service reliability.
- 12. Maintains an appropriate inventory of fleet, equipment, parts, and materials to maintain service reliability and to adequately respond to likely service issues.
- 13. Monitors fieldwork performed by independent contractors to electric systems.
- 14. Follows OSHA procedures to ensure safety policies and procedures are enforced for the protection of the crews, co-workers and public.
- 15. Ensures the orderly repair and preventative maintenance work on the property and trucks, heavy equipment, safety clothing, personal protective equipment, and other related items.
- 16. Collaborates with other governmental and regulatory agencies, municipalities and public power utilities.
- 17. Reads meters and performs the shut-off process for electric utilities each month.
- 18. Performs functions of Lineman/Operator when requested or as needed. Assists other City departments as directed and/or required.
- 19. Makes decisions in the absence of the Electric Superintendent.
- 20. Trains new employees in system operation and work procedures.
- 21. Perform annual inspections and implement any necessary corrections in accordance with the Electric Reliability Plan.

## **MINIMUM QUALIFICATIONS AT ENTRY**

Additional qualifications may be specified and receive preference, depending upon the nature of the position.

## **Education/Experience:**

- High School Diploma or equivalent
- A certified journeyman electric line worker with a broad knowledge of transmission and distribution electric system operation and construction techniques, 15 kV class distribution system, general mechanics, and an understanding of internal electrical wiring.
- Five years of experience with the operation and maintenance of specialized, complex machinery, and equipment involved in electrical generation.
- Shall possess a valid Iowa Commercial driver's license (CDL) with air brakes endorsements and have a good driving record for the past three years. Must maintain throughout period of employment.
- Knowledge of the principles and practices of demonstrated knowledge of service principles, laws and regulations affecting department activities, mechanical knowledge, and broad-based general construction knowledge related to municipal facilities and structures.
- Have knowledge of and work with compliance programs such as ADA, EEOC, OSHA, etc. Thorough knowledge of the National Electric Safety Code and the National Electric Code.
- Knowledge of the principles and practices of modern electrical generation and distribution.

- Knowledge of the materials, methods, and practices required in municipal electric utility construction and maintenance.
- Knowledge of the occupational hazards connected with electric generation, distribution, and maintenance, and other areas of responsibility.
- Considerable knowledge of the equipment, facilities, operations, and techniques used in a comprehensive generation plant.

## **Ability to:**

- Ability to work independently while being responsible for planning, determining approaches and developing new methods to fulfill his/her responsibilities and make decisions in accordance with established plans, policies, and procedures.
- Ability to solve practical problems utilizing a variety of variables with limited standardization.
- Ability to compose original correspondence, follow technical manuals and have significant contact with people; ability to use a mobile radio and a telephone.
- Establishes and maintains effective working relationships with city personnel and the public while exercising integrity, confidentiality, and trustworthiness.
- Ability to communicate effectively verbally and in written form; ability to establish and maintain working relationships with employees, public officials, and the general public; proven analytical skills; proven ability to meet established priorities.
- Must have the ability to manage multiple projects and prioritize workload in a timely and effective manner. Performing duties efficiently and accurately to meet time sensitive deadlines.
- Ability to use contemporary technology, including computers, telephones, social media, and software management programs.
- Ability to maintain a professional demeanor, to calmly approach and solve problems under stressful circumstances, maintain and promote harmony in the workplace, and concentrate for long periods of time.
- Ability to understand and work with wiring plans, drawings and diagrams.
- Ability to work odd or unusual hours and to respond "on-call" during specified periods of time.
- Ability to work with and make fine adjustments to small mechanical devices.
- Ability to work in confined places.
- Ability to perform all phases of operation and maintenance of the complex and specialized equipment and machinery.

## **WORKING CONDITIONS (Physical/Mental Demands)**

With or without reasonable accommodation, requires the physical and mental capacity to perform effectively all essential functions. In addition to other demands, the demands of the job include:

- Maintaining composure in dealing with citizens, city staff, elected officials, and others, occasionally under conditions of urgency and in pressure situations.
- Must undergo and meet City standards for background and reference checks.
- Required ability to handle multiple tasks concurrently.
- Outdoor and Indoor work with exposure to all types of weather elements
- Frequent sitting, reaching, standing, grasping, kneeling, talking, hearing, seeing, and repetitive motions.
- Exerting up to 100 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Specific visions abilities require by this job include close vision, distance vision, color vision, peripheral vision, depth perception,

and ability to adjust focus.

- Exposed to awkward or confining workspace, darkness or poor lighting, dirt/dust, fumes/odors, isolation, moving machinery, noise, vibration, visual strain, wetness/humidity, working on uneven ground, mechanical hazards, electrical hazards, chemical hazards, fire hazards, explosion hazards.
- Requires extensive eye/hand/foot coordination, manual dexterity, and motor coordination in the operation, maintenance, and repair of equipment and facilities

## **Position Type/Expected Hours of Work:**

This is a full-time hourly position, and regular hours of work and days are Monday through Friday 7:00am to 3:30pm. Occasional evening and weekend work may be required as job duties demand. The Superintendent is expected to be available via phone 24/7/365.

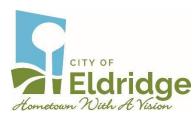
## Travel:

Travel is primarily local during the standard work day, although some out of the area travel and overnights may be expected.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

## **Classification History**

Updated 07/29/2025



## **Job Description**

| <b>Title: Electric Superintendent</b> | Dept: Electric Utility | Class: Exempt |
|---------------------------------------|------------------------|---------------|
| Supervisor: City Administrator        |                        |               |

## **SUPERVISION**

The Electric Superintendent is a full-time salaried and exempt position that reports to the City Administrator and the Utility Board of Trustees.

## **ESSENTIAL FUNCTIONS**

- The functions listed describe the primary purpose of this job. Specific duties or tasks may vary and be documented separately. The employee might not be required to perform all functions listed. Additional duties may be assigned, and functions may be modified, according to necessity.
- All assigned duties or tasks are deemed to be part of the essential functions, unless such duties
  or tasks are unrelated to the functions listed, in which case they are deemed to be other (nonessential) functions.
- Employees are held accountable for successful job performance. Job performance standards may be documented separately, and may include functions, objectives, duties or tasks not specifically listed herein.
- In performing functions, duties or tasks, employees are required to know and follow safe work practices, and to be aware of City policies and procedures related to job safety, including safety rules and regulations. Employees are required to notify supervisors upon becoming aware of unsafe working conditions.
- All functions, duties or tasks are to be carried out in an honest, ethical and professional manner, and to be performed in conformance with applicable City policies and procedures. In the event of uncertainty or lack of knowledge of City policies and procedures, employees are required to request clarification or explanations from supervisors or authorized City representatives.

The Electric Superintendent under general administrative direction, performs supervisory work concerning the electric department; directs, plans and participates in duties essential to proper operation of the supply, generation, and distribution of electricity. Responsible for supervision, coordination, evaluation and performance of subordinates. Performs other managerial duties such as assigning work, training employees and ensuring that the electric plant operations meet or exceed governmental standards.

- 1. Establishes the work schedules for the electric department employees and adjusts procedures as necessary to meet schedules, goals, objectives, and priorities for the electric distribution system; and directs the activities of subordinate personnel that are responsible for the installation, maintenance, and repair of the electric distribution system.
- 2. Recommends policies and procedures for administration to the Utility Administrative Manager and Utility Board of Trustees.
- 3. Establishes appropriate service and staffing levels for assigned functions; monitors and

- evaluates the efficiency and effectiveness of service delivery methods and procedures; and recommends allocation of resources in accordance with the City Utility's policies.
- 4. Assures that employees in the electric utility department comply with applicable safety and occupational health standards; maintains discipline and conduct of subordinate employees; and sees that safety precautions for the staff and public are enforced.
- 5. Plans, organizes, and supervises the work of the electric utility department employees, divides & assigns tasks, coordinates and maintains the work flow, hires and trains new employees in system operation and work procedures, recommends disciplinary action, discharge, promotions, and evaluates the performance of department personnel. Approves overtime work and maintains the time and work records.
- 6. Completes periodic reports and submits them to the appropriate authority in collaboration with the Utility Administrative Manager.
- 7. Provides system and operational updates to the City Administrator and the Utility Board of Trustees.
- 8. Works with the Utility Administrative Manager, City and Assistant City Managers to develop plans to meet and serve expanding community needs
- 9. Works with the project engineer and City planning committee and inspects field projects to confirm conformance to specifications.
- 10. Evaluates new developments in materials, tools, and equipment or deny purchases
- 11. Prepares budget estimates based on the anticipated needs of the department and helps to prepare departmental budget and maintain budgetary controls
- 12. Works with the Utility Administrative Manager, City Administrator, & Assistant City Administrator in the development of short-range and long-range plans for the Electric Department.
- 13. Assures that all work performed in the unit meets the OSHA safety standards and City standards for customer service, accuracy, quality and efficiency. Engages with consumers as a customer service representative on the various aspects of the electrical utility system.
- 14. Establish and maintain an effective working relationship with employees, City officials and the general public. Working with other City departments as needed, investigates and resolves complaints, issues or questions of the general public or city departments.
- 15. Monitors inventory and purchase parts, materials, tools and equipment necessary to perform job duties. Recommends appropriate equipment, services, supplies, and personnel for the department.
- 16. Attends workshops and training seminars to maintain up-to-date knowledge of various products, materials, procedures and equipment used in the performance of duties.
- 17. Ensures generating units comply with applicable laws, rules, and regulations issued by regulatory authorities.
- 18. Makes recommendations regarding purchase of new equipment, modifications of existing equipment, improving methods and procedures of operations, and personnel requirements, practices, and policies.
- 19. Responsible for the automotive, mechanical, special, and any other equipment or properties assigned to the electric utility department
- 20. Reports any problems or irregularities related to the electric distribution system to the City Administrator, Utility Administrative Manager, and Utility Board of Trustees.

- 21. Reviews, revises, develops policies and procedures for the Electric department.
- 22. Makes and implements maintenance plans to ensure service reliability.
- 23. Monitors fieldwork performed by independent contractors to electric systems and approves the acceptance of system improvements.
- 24. Oversees and manages capital improvement projects to replace or extend the City's electrical utility system.
- 25. Performs functions of Lineman/Operator when requested or as needed.
- 26. Cooperates and coordinates with other departments on various projects and also in emergencies such as snow and other related conditions.
- 27. Supervises inspections and answers inquiries on power outages and takes appropriate corrective measures pertaining to the electric distribution.
- 28. Perform annual inspections and implement any necessary corrections in accordance with the Electric Reliability Plan.

## MINIMUM QUALIFICATIONS AT ENTRY

Additional qualifications may be specified and receive preference, depending upon the nature of the position.

## **Education/Experience:**

- High School Diploma or equivalent
- A certified journeyman electric line worker with a broad knowledge of transmission and distribution electric system operation and construction techniques, 15 kV class distribution system, general mechanics, and an understanding of internal electrical wiring.
- Six years of experience with the operation and maintenance in the electric power field or equivalent combination of education and experience.
- Have knowledge of and work with compliance programs such as ADA, EEOC, OSHA, etc. Thorough knowledge of the National Electric Safety Code and the National Electric Code.
- Knowledge of the principles and practices of modern electrical generation and distribution.
- Knowledge of the materials, methods, and practices required in municipal electric utility construction and maintenance.
- Knowledge of local, state, and federal requirements and laws governing the operation of electric utilities.
- Thorough knowledge of the operation and maintenance of mechanical and electrical equipment used in the plant.
- Knowledge of the occupational hazards connected with electric generation, distribution, and maintenance, and other areas of responsibility.
- Considerable knowledge of the equipment, facilities, operations, and techniques used in a comprehensive generation plant.
- Knowledge of research methods and sources of information. Ability to perform statistical and mathematical techniques as well as evaluate technical data.

- Knowledge and practical experience with a variety of computer software programs including word processing, Excel, e-mail, and municipal financial software
- Must possess a valid State of Iowa driver's license and a CDL license (and must maintain throughout period of employment)
- Experience working with the public and media are preferred.

## **Ability to:**

- Analyze and assess programs, policies and operational needs and make appropriate adjustments.
- Identify and respond to sensitive community and organizational issues, concerns and needs.
- Delegate authority and responsibility.
- Assist with the Selection, training and evaluation of staff.
- Analyze problems, identify alternative solutions, project consequences of proposed actions and implement recommendations in support of goals.
- Research, analyze and evaluate new service delivery methods and techniques.
- Oversee, manage or respond to requests and inquiries from the general public.
- Interpret and apply applicable Federal, State and local policies, laws and regulations.
- Communicate clearly and concisely, both orally and in writing.
- Establish and maintain effective working relationships with those contacted in the course of work.
- Act as a motivator who can develop strong staff and employee morale while attaining a high level of productivity and accomplishment from the work force.

## **WORKING CONDITIONS (Physical/Mental Demands)**

With or without reasonable accommodation, requires the physical and mental capacity to perform effectively all essential functions. In addition to other demands, the demands of the job include:

- Maintaining composure in dealing with citizens, city staff, elected officials, and others, occasionally under conditions of urgency and in pressure situations.
- Must undergo and meet City standards for background and reference checks.
- Required ability to handle multiple tasks concurrently.
- Outdoor and Indoor work with exposure to all types of weather elements
- Frequent sitting, reaching, standing, grasping, kneeling, talking, hearing, seeing, and repetitive motions.
- Exerting up to 100 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Specific visions abilities require by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.
- Moderate exposure to moving parts, shock, burns, toxic and non-caustic agents, and similar work hazards
- Requires extensive eye/hand/foot coordination, manual dexterity, and motor coordination in the operation, maintenance, and repair of equipment and facilities

## **Position Type/Expected Hours of Work:**

This is a full-time salary position and regular hours of work and days are Monday through Friday 7:00am to 3:30pm. Occasional evening and weekend work may be required as job duties demand. The Superintendent is expected to be available via phone 24/7/365.

<u>Travel:</u>
Travel is primarily local during the standard work day, although some out of the area travel and overnights may be expected.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

## **Classification History**

Updated 07/29/2025



# Laboratory Report

Eldridge, City of Cegan Long 305 North 3rd Street Eldridge,IA 52748 **Date Received:** 07/02/25 13:28 **Date Reported:** 08/05/25 09:34

**Project:** PWS ID # IA8230008 Eldridge

Email reports and Invoice

| Analyte                             | Result   | Units             | Analyzed               | Analyst   | Method                | Notes |
|-------------------------------------|----------|-------------------|------------------------|-----------|-----------------------|-------|
| Sample ID: 1075 Rustic View Ct Grab |          |                   | ampled: 07/02/25 11:30 | Date Rece | eived: 07/02/25 13:28 |       |
| Lab No.: 25G0230-01 Sample          |          | ed by: Cegan Long |                        |           |                       |       |
| Classical Chemistry Parameters      |          |                   |                        |           |                       |       |
| Total Coliforms                     | Negative | MPN/100<br>mL     | 07/02/25 15:17         | kt        | SM 9223B              |       |
| Field Chlorine                      | 2.37     | mg/L              | 07/02/25 11:30         | Cegan Lc  | SM 4500 CI G          |       |
| Analyte                             | Result   | Units             | Analyzed               | Analyst   | Method                | Notes |
| Sample ID: 120 N 2nd St Grab        |          |                   | ampled: 07/02/25 9:23  | Date Rece | eived: 07/02/25 13:28 |       |
| Lab No.: 25G0230-02                 |          | Sample            | ed by: Cegan Long      |           |                       |       |
| Classical Chemistry Parameters      |          |                   |                        |           |                       |       |
| Total Coliforms                     | Negative | MPN/100<br>mL     | 07/02/25 15:17         | kt        | SM 9223B              |       |
| Field Chlorine                      | 3.40     | mg/L              | 07/02/25 9:23          | Cegan Lc  | SM 4500 CI G          |       |
| Analyte                             | Result   | Units             | Analyzed               | Analyst   | Method                | Notes |
| Sample ID: 102 W Harvest St Grab    |          |                   | ampled: 07/02/25 9:04  | Date Rece | eived: 07/02/25 13:28 |       |
| Lab No.: 25G0230-03                 |          | Sample            | ed by: Cegan Long      |           |                       |       |
| Classical Chemistry Parameters      |          |                   |                        |           |                       |       |
| Total Coliforms                     | Negative | MPN/100<br>mL     | 07/02/25 15:17         | kt        | SM 9223B              |       |
| Field Chlorine                      | 3.90     | mg/L              | 07/02/25 9:04          | Cegan Lc  | SM 4500 CI G          |       |
| Analyte                             | Result   | Units             | Analyzed               | Analyst   | Method                | Notes |
| Sample ID: 807 Sawgrass Ct Grab     |          |                   | ampled: 07/01/25 0:00  | Date Rece | eived: 07/02/25 13:28 |       |
| Lab No.: 25G0230-04                 |          | Sample            | ed by: Cegan Long      |           |                       |       |
| Classical Chemistry Parameters      |          |                   |                        |           |                       |       |
| Total Coliforms                     | Negative | MPN/100<br>mL     | 07/02/25 15:17         | kt        | SM 9223B              |       |
|                                     |          |                   | Analysis Certified     | by:       |                       |       |
|                                     |          |                   | Randul                 | e avan    | he, Ph.D.             |       |

Amy Dobbelare For Randall Wanke, Laboratory Director

Randal Wanke, Laboratory Director

Eldridge, City of Project: PWS ID # IA8230008 Eldridge

Negative

3.95

MPN/100

mL

mg/L

305 North 3rd Street Email reports and Invoice Reported:
Eldridge IA, 52748 Client Contact: Cegan Long 08/05/25 09:34

Field Chlorine 3.30 mg/L 07/01/25 0:00 Cegan Lc SM 4500 Cl G

Units Analyte Result Analyzed Analyst Method Notes Sample ID: 361 Country Club Ct Grab Date Sampled: 07/01/25 11:01 Date Received: 07/02/25 13:28 Lab No.: 25G0230-05 Sampled by: Cegan Long Classical Chemistry Parameters MPN/100 07/02/25 15:17 **Total Coliforms** Negative kt SM 9223B mL Field Chlorine SM 4500 CI G 1.78 mg/L 07/01/25 11:01 Cegan Lc Analyte Result Units Analyzed Analyst Method Notes Sample ID: 1050 W Maple Ct Grab Date Sampled: 07/01/25 10:31 Date Received: 07/02/25 13:28 Lab No.: 25G0230-06 Sampled by: Cegan Long Classical Chemistry Parameters **Total Coliforms** MPN/100 07/02/25 15:17 Negative kt SM 9223B mL Field Chlorine 3.68 mg/L 07/01/25 10:31 Cegan Lc SM 4500 CI G Analyte Result Units Analyzed Analyst Method Notes Sample ID: 120 S 3rd Ave Grab Date Sampled: 07/01/25 10:06 Date Received: 07/02/25 13:28 Lab No.: 25G0230-07 Sampled by: Cegan Long Classical Chemistry Parameters **Total Coliforms** MPN/100 07/02/25 15:17 Negative SM 9223B mL Field Chlorine 3.48 SM 4500 CI G mg/L 07/01/25 10:06 Cegan Lo Result Units Analyzed Method Notes Analyte Analyst Sample ID: 212 N 3rd St Grab Date Sampled: 07/01/25 9:47 Date Received: 07/02/25 13:28 Lab No.: 25G0230-08 Sampled by: Cegan Long Classical Chemistry Parameters

N-1 Negative A Bacteria Absent

**Total Coliforms** 

Field Chlorine

IA DNR lab #113 Page 2 of 3

07/02/25 15:17

07/01/25 9:47

Cegan Lc

SM 9223B

SM 4500 CI G



Lab Sample ID # <u>356 0330-05</u>

| Facility Name:   | PWS ID:   | • • •   |  |  |  |
|--|---|---|--|--|--|
| Eldridge   | IA 8230008  |   |  |  |  |
| Test analysis Total Coliform   | (Please Circle, Check of Contact Person:  | or Write-in) (Check IA DNR Permit for Accuracy)  Mail Report:   |  |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection.             | Contact Phone:  | Email Report:   |  |  |  |
| Sample Type:<br>(Check one)  | Routine  Triggered SEP#  Repeat upstream downstrear   |   |  |  |  |
|  | Special original  | Lab Tech Note: Add Field Data Analysis Total Chlorine at Log-in on to Res. Cl mg/L tab.                                 |  |  |  |
| Sample date: Mo  | onth Day Yea  | Time: Hour Minutes (AM)- PM)  |  |  |  |
| Facility ID  | 950 Sa  | mpling Point ID (use facility ID, if not #assigned) 950   |  |  |  |
| Sample Collection Location:  Sample Collector (last name, first name)  Long, Cegan |   |   |  |  |  |
| Client Signature Print name Cegan Long   |   |   |  |  |  |
| Date 7/1/25 Time   :11   |   |   |  |  |  |
| Lab Signature  | Kulleps Tuttl   | Print name  |  |  |  |
| Date 7/2/26<br>QC Analytical Services por<br>Endorsement by Federal                | Time 337 articipates in the following accreditation/cer or State Governments or their agencies is | tification and proficiency programs at the following locations.  not implied. Drinking Water Certifications: Iowa (113) |  |  |  |



Lab Sample ID # <u>2560230-06</u>

|   |                                 |                                    | •  |  |
|---|---------------------------------|------------------------------------|--|--|
| Facility Name:  | PWS ID:                         |                                    |  |  |
| Eldridge  | IA 823000                       | 8                                  |  |  |
| Test analysis   | (Please Circle, Contact Person: | Check or V                         | Vrite-in) (Check IA DNR Permit for Accuracy)  Mail Report: |  |
| Total Collorm   | Contact Person.                 |                                    | Mail Report.   |  |
| Water samples must be analyzed within 30 hours of collection.   | Contact Phone:                  |                                    | Email Report:  |  |
| Sample Type:  | Routine Triggered               | SEP#                               | Free Chlorine Total Chlorine                               |  |
| (Check one)   | Repeat<br>(circle one->)        | upstream<br>downstream<br>original |  |  |
|   | Special                         |                                    | Add Field Data Analysis Total Chlorine at Log-in on        |  |
|   |                                 |                                    | to Res. CI mg/L tab.                                       |  |
| Sample date: Mo   | onth Day                        | Year                               | Time: Hour Minutes (AM)- PM)                               |  |
| 0   | 7 0 1                           | 20                                 | 25 10 31   |  |
| Facility ID   |                                 | Samp                               | ling Point ID (use facility ID, if not #assigned)          |  |
|   | 950                             |                                    | 950  |  |
| Sample Collection   | n Location:                     | Samp                               | le Collector (last name, first name)                       |  |
|   |                                 |                                    | Long. Coon   |  |
| 1050 W Maple Ct. Cong, Cegan  |                                 |                                    |  |  |
| Client Signature Print name Cegan Long  |                                 |                                    |  |  |
| Date 7/1/25 Time 10:47  |                                 |                                    |  |  |
| Lab Signature   | Print name                      |                                    |  |  |
| Date 7 8 85 Time 1338   |                                 |                                    |  |  |
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Lab Sample ID # <u>256 6230-07</u>

| Facility Name:  | PWS ID:                          |                   |   |  |  |
|---|----------------------------------|-------------------|---|--|--|
| Eldridge  | IA 8230008                       |                   |   |  |  |
|   |                                  |                   |   |  |  |
| Test analysis (   | Please Circle. Che               | eck or W          | Vrite-in) (Check IA DNR Permit for Accuracy)      |  |  |
| Total Coliform  | Contact Person:                  |                   | Mail Report:                                      |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection.  | Contact Phone:                   |                   | Email Report:                                     |  |  |
| Sample Type:  | Routine SEI                      | D#                | Free Chlorine Total Chlorine                      |  |  |
| (Check one)   | Repeat ups                       | tream<br>/nstream | 3 . 48  |  |  |
|   | Special                          |                   | Lab Tech Note: Add Field Data Analysis            |  |  |
| L   | ·                                |                   | Total Chlorine at Log-in on to Res. Cl mg/L tab.  |  |  |
| Sample date: Mo   | nth Day                          | Year              | Time: Hour Minutes (AM)- PM)                      |  |  |
| 0   | 7 0 1                            | 20                | 25 10 06  |  |  |
| Facility ID   |                                  | Sampli            | ling Point ID (use facility ID, if not #assigned) |  |  |
| (   | 950                              |                   | 950   |  |  |
| Sample Collection   | Location:                        | Sample            | le Collector (last name, first name)              |  |  |
| 120 S 3rd 0   | lue                              | <u> </u>          | Long, Cegan                                       |  |  |
| Client Signature Print name Cegan Long  |                                  |                   |   |  |  |
| Date 7/1/25 Time 10:13  |                                  |                   |   |  |  |
| Lab Signature Kattly (utt) Print name   |                                  |                   |   |  |  |
| Date 7/2/25 Time 1338 QC Analytical Services participates in the following accreditation/certification and proficiency programs at the following locations. |                                  |                   |   |  |  |
| Endorsement by Federal or   | r State Governments or their age | ncies is not imp  | nplied. Drinking Water Certifications: Iowa (113) |  |  |



Lab Sample ID # <u>0560230-08</u>

| Facility Name:   | PWS ID:  |   |  |  |  |
|--|--|---|--|--|--|
| Eldridge   | IA 8230008   |   |  |  |  |
| Test analysis  | (Please Circle, Check o  | or Write-in) (Check IA DNR Permit for Accuracy)   |  |  |  |
| Total Coliform   | Contact Person:  | Mail Report:  |  |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection.   | Contact Phone:   | Email Report:   |  |  |  |
| Sample Type:   | Routine Triggered SEP#   | Free Chlorine Total Chlorine  |  |  |  |
| (Check one)  | Repeat upstream downstrea original   |   |  |  |  |
| Į  | Special  | Add Field Data Analysis Total Chlorine at Log-in on   |  |  |  |
| Sample date: Mo  | onth Day Ye  | to <u>Res. Cl mg/L tab</u> .  ear Time: Hour Minutes (AM) - PM)   |  |  |  |
| 0  | 7012   | 0 2 5 0 9 4 7   |  |  |  |
| Facility ID  | S:   | ampling Point ID (use facility ID, if not #assigned)  |  |  |  |
| , , , ,  | 950  | 950   |  |  |  |
|  |  |   |  |  |  |
| Sample Collectio   | n Location: Sa   | ample Collector (last name, first name)   |  |  |  |
| 212 N 3rd  | 34.  | Long, Cegan   |  |  |  |
| Client Signature Print name Cegan Long   |  |   |  |  |  |
| Date 7/1/25 Time 9:52  |  |   |  |  |  |
| Lab Signature  | Katelyn Tult   | Print name  |  |  |  |
| Date 7 2 25  QC Analytidal Services participates in the following accreditation/certification and proficiency programs at the following locations. |  |   |  |  |  |
| Endorsement by Federal   | articipates in the following accreditation/ce<br>or State Governments or their agencies is | ertification and proficiency programs at the following locations.  The proficiency programs at the following locations: Iowa (113)  The profice is the following water Certifications: Iowa (113) |  |  |  |



Lab Sample ID # 355030-01

| Facility Name:   | PWS ID:                         |                                    |   |  |  |
|--|---------------------------------|------------------------------------|---|--|--|
| Eldridge   | IA 823000                       | 08                                 |   |  |  |
| Test analysis  | (Please Circle, Contact Person: | Check or V                         | Vrite-in) (Check IA DNR Permit for Accuracy)  Mail Report:  |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection. | Contact Phone:                  |                                    | Email Report:   |  |  |
| Sample Type:   | Routine Triggered               | SEP#                               | Free Chlorine Total Chlorine  |  |  |
| (Check one)  | Repeat<br>(circle one->)        | upstream<br>downstream<br>original |   |  |  |
|  | Special                         |                                    | Add Field Data Analysis Total Chlorine at Log-in on to <u>Res. Cl mg/L tab</u> .                          |  |  |
| Sample date: Mo  | nth Day                         | Year                               | Time: Hour Minutes (AM) - PM)   |  |  |
| 0  | 7 0 2                           | 20                                 | 25 09 49  |  |  |
| Facility ID  |                                 | Sampl                              | ing Point ID (use facility ID, if not #assigned)  |  |  |
|  | 950                             |                                    | 950   |  |  |
| Sample Collection  | Location:                       | Sample                             | e Collector (last name, first name)   |  |  |
| 1075 Bustic U  | iew Ct.                         |                                    | Long, Cegan   |  |  |
| Client Signature Print name Cegan Long                                 |                                 |                                    |   |  |  |
| Date 7/2/  | <b>25</b> Time_                 | 10:00                              |   |  |  |
| Lab Signature 🛕  | Lately Tue                      | <u>U</u>                           | Print name  |  |  |
| Date 1 8 85  | Time_                           | 1384                               |   |  |  |
| Endorsement by Federal or  | r State Governments or thei     | r agencies is not im               | on and proficiency programs at the following locations.  plied. Drinking Water Certifications: Iowa (113) |  |  |



Lab Sample ID # <u>856 0330-02</u>

| Facility Name:   | PWS ID:   | •   |  |  |  |
|--|---|---|--|--|--|
| Eldridge   | IA 8230008  |   |  |  |  |
| Test analysis  | (Please Circle, Check or W  | /rite-in) (Check IA DNR Permit for Accuracy)            |  |  |  |
| Total Coliform   | Contact Person:   | Mail Report:  |  |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection. | Contact Phone:  | Email Report:   |  |  |  |
| Sample Type:   | Routine  Triggered SEP#   | Free Chlorine Total Chlorine                            |  |  |  |
| (Check one)  | Repeat upstream downstream  | _ 3 . 40  |  |  |  |
|  | original Special  | Lab Tech Note: Add Field Data Analysis                  |  |  |  |
| _  |   | Total Chlorine at Log-in on to Res. Cl mg/L tab.        |  |  |  |
| Sample date: Mo  | onth Day Year   | Time: Hour Minutes (AM)- PM)                            |  |  |  |
| 0  | 7 0 2 2 0   | 25 09 23  |  |  |  |
| Facility ID  | Sampli  | ng Point ID (use facility ID, if not #assigned)         |  |  |  |
|  | 950   | 950   |  |  |  |
| Sample Collection  | n Location: Sample  | e Collector (last name, first name)                     |  |  |  |
| 120 N 2n2 3  | <u>S+</u>   | Long, Cegan   |  |  |  |
| Client Signature Print name Cegan Long                                 |   |   |  |  |  |
| Date 7/2/25 Time 9:27  |   |   |  |  |  |
| Lab Signature Kautum Tuttl Print name                                  |   |   |  |  |  |
| Date 7-2-35 QC Analytical Services par                                 | Time 1334 rticipates in the following accreditation/certification | on and proficiency programs at the following locations. |  |  |  |
| Endorsement by rederal o   | or State Governments or their agencies is not imp                 | olied. Drinking Water Certifications: Iowa (113)        |  |  |  |



Lab Sample ID # <u>056 0030-03</u>

Drinking Water Certifications: Iowa (113)

| Facility Name:  | PWS ID:  |   |  |  |  |
|---|--|---|--|--|--|
| Eldridge  | IA 8230008   |   |  |  |  |
|   |  |   |  |  |  |
| Test analysis (I  | Places Cirola Chask or W   | Irita ira) (Obrasis la DAID De la Contra de |  |  |  |
| Total Coliform  | Contact Person:  | <b>/rite-in</b> ) (Check IA DNR Permit for Accuracy) Mail Report:   |  |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection.  | Contact Phone:   | Email Report:   |  |  |  |
| Sample Type:  | Routine Triggered SEP#   | Free Chlorine Total Chlorine  |  |  |  |
| (Check one)   | Repeat upstream (circle one->) downstream  | 3 . 90  |  |  |  |
| _   | original Special   | Lab Tech Note:<br>Add Field Data Analysis   |  |  |  |
| <u> </u>  | oposidi .  | Total Chlorine at Log-in on to Res. Cl mg/L tab.  |  |  |  |
| Sample date: Mor  | nth Day Year   | Time: Hour Minutes (AM)- PM)  |  |  |  |
|   | 7 0 2 20   | 2 5 0 9 0 4   |  |  |  |
| Facility ID   | Sampli   | ng Point ID (use facility ID, if not #assigned)   |  |  |  |
| S   | 950  | 950   |  |  |  |
| Sample Collection   | Location: Sample   | e Collector (last name, first name)   |  |  |  |
| 102 W Harves  | 54 St.   | Long, Cegan   |  |  |  |
| Client Signature Print name Cegar Long                                  |  |   |  |  |  |
| Date 7/2/25 Time 9:13   |  |   |  |  |  |
| Lab Signature   | aulip Tutt   | Print name  |  |  |  |
| Date 78 85  OC Analytical Services particular Endorsement by Federal or | Time 1336 icipates in the following accreditation/certification State Governments or their agencies is not imp | on and proficiency programs at the following locations.  Drinking Water Certifications: Iowa (113)  |  |  |  |



Lab Sample ID # <u>3560330-04</u>

| Facility Name:   | PWS ID:  |  |  |  |
|--|--|--|--|--|
| Eldridge   | IA 8230008   |  |  |  |
| Test analysis  | Please Circle. Check or W                                    | rite-in) (Check IA DNR Permit for Accuracy)                              |  |  |
| Total Coliform   | Contact Person:  | Mail Report:   |  |  |
| Water samples<br>must be analyzed<br>within 30 hours of<br>collection. | Contact Phone:   | Email Report:  |  |  |
| Sample Type:<br>(Check one)  | Routine  Triggered SEP#  Repeat upstream downstream original | Free Chlorine  Total Chlorine  3 . 30  Lab Tech Note:                    |  |  |
|  | Special  | Add Field Data Analysis Total Chlorine at Log-in on to Res. Cl mg/L tab. |  |  |
| Sample date: Mo  | onth Day Year 7 0 1 2 0                                      | Time: Hour Minutes (AM - PM)   |  |  |
| Facility ID  | Samplir  | ng Point ID (use facility ID, if not #assigned)                          |  |  |
|  | 950  | 950  |  |  |
| Sample Collection Location:  Sample Collector (last name, first name)  |  |  |  |  |
| 887 Sawgrass Ct. Long, Cegan   |  |  |  |  |
| Client Signature Print name Cegan Long                                 |  |  |  |  |
| Date <u>7/1/25</u> Time  |  |  |  |  |
| Lab Signature  | Kattlem Tuetle   | Print name   |  |  |
|  | 1 Time 1327  |  |  |  |

QC Analytical Services participates in the following accreditation/certification and proficiency programs at the following locations.

Endorsement by Federal or State Governments or their agencies is not implied.

Drinking Water Certifications: lowa (113)



Eldridge, City of Cegan Long 305 North 3rd Street Eldridge,IA 52748 **Date Received:** 07/14/25 15:52 **Date Reported:** 08/05/25 09:33

**Project:** PWS ID # IA8230008 Eldridge Email reports and Invoice

|         |        | Reporting |       | Spike | Source |      | %REC   |     | RPD   |       |
|---------|--------|-----------|-------|-------|--------|------|--------|-----|-------|-------|
| Analyte | Result | Limit     | Units | Level | Result | %REC | Limits | RPD | Limit | Notes |

Analysis Certified by:

Randal Wanke, Laboratory Director

Wanke, Ph.D.

IA DNR lab #113 Page 1 of 3

Order #: 380810

Containers in Order: 4



Pages in Order: 1 of

Client Reference: eldridge

Facility Id: 950

Sample Category: Chemical



QC ANALYTICAL SERVICES LLC 1798 IOWA DR

REPORT TO:

1142

LE CLAIRE, IA 52753-0745

BILL TO:

1142



QC ANALYTICAL SERVICES LLC

1798 IOWA DR

LE CLAIRE, IA 52753-0745

## Requested Analyses/Tests

COLLECT IN THE MONTH OF JULY SDWA Total THMs (EPA 524.2, CV) BTL #6 x 3 + trip blank SDWA HAA5s (EPA 552.3, CV) BTL #87

## Complete or correct the following information

Collected Date: 2025 - 07 - 14

Collected Time:

24 hour format hh:mm

PWS Id: IA8230008

Sample Type: RT - Routine

Sample Collection Point DB01

Collector:

Location: 3200 Hunter Ln. Collector Phone: 563 / 209 - L

## Chain of Custody/Tracking Signatures

| s this sample for a legal chain of custody? | ☐ Yes | ☐ No |
|---|-------|------|
| Z-3   |       |      |

Relinquished By:

Date/Time:

Date/Time:

mm O

Date/Time:

pH:

For SHL Use Only -- Please do not write below this line

Received By: Evidence of Tampering:

3-6 tB, L87

Temperature (Celsius): 2.1

Thermometer ID:

FOR INTERNAL USE ONLY

Date Printed: 2025-07-01

Bottles Received:

Relinquished By

Received By:

FOR INTERNAL USE ONLY



http://www.shl.uiowa.edu

## ANALYTICAL REPORT

1-800-421-IOWA (4692)

| Collection L               | ocation              | Collector        | Client Reference | Accession #     |                |  |  |
|----------------------------|----------------------|------------------|------------------|-----------------|----------------|--|--|
| 3200 hur                   | nter In              | long cegan       | eldridge         | 2677547         |                |  |  |
| PWS ID/PW                  | S Name               | Collected        | Received         | Project         |                |  |  |
| IA823000<br>ELDRIDGE       | 08<br>E WATER SUPPLY | 2025-07-14 13:06 | 2025-07-15 11:24 |                 |                |  |  |
|                            |                      | ,                |                  | Facility ID     | Sampling Pt ID |  |  |
|                            |                      |                  |                  | 950             | DB01           |  |  |
| QC ANALYTICAL SERVICES LLC |                      |                  | SDWA Sample Type | Sample Category |                |  |  |
|                            |                      |                  | RT - Routine     | Chemical        |                |  |  |
|                            |                      |                  | Sample Type      |                 |                |  |  |
| E                          |                      |                  |                  | Drinking Water  |                |  |  |
|                            | LE CLAIRE, IA 527    | 53-0745          | 3-0745           |                 | Sample Note(s) |  |  |
|                            |                      |                  | 1                |                 |                |  |  |

## **RESULTS OF ANALYSIS - FINAL REPORT**

| TEST<br>GCMS Trihalomethanes, EPA 524.2 | RESULT (mg/L) | QUANT LIMIT | MCL  | ANALYSIS NOTE(S) |
|---|---------------|-------------|------|------------------|
| Chloroform                              | 0.016         | 0.0005      | 0.08 |                  |
| Bromodichloromethane                    | 0.0005        | 0.0005      | 80.0 |                  |
| Dibromochloromethane                    | <0.0005       | 0.0005      | 80.0 |                  |
| Bromoform                               | <0.0005       | 0.0005      | 80.0 |                  |
| Total Trihalomethanes                   | 0.017         | 0.0020      | 80.0 |                  |
| Haloacetic Acids (HAAs), EPA 552.3      |               |             |      | 2                |
| Chloroacetic acid                       | <0.002        | 0.002       | 0.06 |                  |
| Bromoacetic acid                        | <0.001        | 0.001       | 0.06 |                  |
| Dichloroacetic acid                     | 0.010         | 0.001       | 0.06 |                  |
| Trichloroacetic acid                    | 0.003         | 0.001       | 0.06 |                  |
| Dibromoacetic acid                      | 0.001         | 0.001       | 0.06 |                  |
| Total Haloacetic Acids (HAA5)           | 0.014         | 0.006       | 0.06 |                  |

## **SAMPLE AND ANALYSIS NOTES**

- 1. Unless otherwise noted, the sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.
- 2. The MCL (maximum contaminant level) is only applicable to compliance monitoring samples under the Safe Drinking Water Act (SDWA).

## **ANALYSIS INFORMATION**

| <u>TEST</u>   | <u>ANALYZED</u>      | SITE | RELEASED             | <b>ANALYSIS PREP</b> |
|---|----------------------|------|----------------------|----------------------|
| 1. GCMS Trihalomethanes, EPA 524.2                  | 2025-07-15 17:28 LJL | 3200 | 2025-07-17 07:44 NH  |                      |
| 2. Haloacetic Acids (HAAs), EPA 552.3               | 2025-07-23 19:46 VER | 3200 | 2025-07-25 16:42 JDA | Test 3               |
| 3. Prep by Liquid-Liquid Microextraction, EPA 552.3 | 2025-07-23 08:00 MJZ | 3200 | 2025-07-23 15:51 MES |                      |

## **DESCRIPTION OF UNITS**

mg/L = Milligrams per Liter

## SITE(S) PERFORMING TESTING

3200 STATE HYGIENIC LAB AT THE UNIV. OF IOWA, UNIVERSITY OF IOWA RESEARCH PARK, 2490 CROSSPARK RD, CORALVILLE, IA 52241; Phone 319/335-4500; Fax 319/335-4555; Dustin M. May, Ph.D., Associate Director; Michael A. Pentella, Ph.D., D(ABMM), Director; IOWA ENVIRONMENTAL LAB ID #027; CLIA ID Number 16D0648109

Report Issue Date: 2025-07-25 16:42 Page 1 of 2



#### ANALYTICAL REPORT

1-800-421-IOWA (4692)

| Collection Location | Collector  | Client Reference | Accession # |
|---------------------|------------|------------------|-------------|
| 3200 hunter In      | long cegan | eldridge         | 2677547     |

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Report Issue Date: 2025-07-25 16:42 Page 2 of 2











