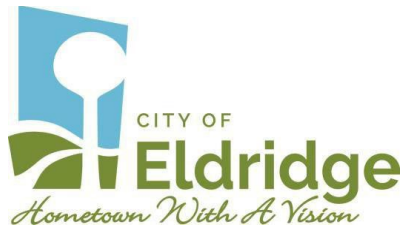


## ELDRIDGE ELECTRIC AND WATER UTILITY BOARD

May 5<sup>th</sup>, 2026 – 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 April 21<sup>st</sup>, 2026**
  
5. Financial & Administrative
  - A. **Consideration to Approve Bills Payable**
  - B. Department Update
  
6. Electric Department
  - A. **Outages**
  - B. Department Update – Collin Wilson
  
7. Water Department
  - A. Water Main Breaks
  - B. **Water Test Results**
  - C. **Discussion and consideration to approve Resolution 2026-04 E&W Establishing an Increase in Water Rates to Meet the Fiscal Obligation of the Water Utility**
  - D. Discussion on adopting SUDAS for construction standards in the water department.
  - E. Department Update – Cegan Long
  
8. Adjournment **NEXT REGULAR MEETING: Tuesday, May 19<sup>th</sup>, 2026, at 5:00 pm**



## ELDRIDGE ELECTRIC AND WATER UTILITY BOARD

The regular meeting of the Board of Trustees of the Eldridge Electric and Water Utility Board was called to order at 5:00pm on 04/21/2026, at Eldridge City Hall.

The board members present were Michael Bristley, Abby Petersen, Jeff Hedrington, and Mark Goodding. Jeff Hamilton was Absent. Also present were Gage Lane, Sadie Wagner, Collin Wilson, Cegan Long, and Carrie Swartz.

Public Comment - None

Petersen Made Motion to Approve the Agenda. Second by Hedrington. All Ayes. Motion Carried.

Hedrington Made Motion to Approve Utility Board Minutes from April 7<sup>th</sup>, 2026. Second By Goodding. All Ayes. Motion Carried.

A presentation on the Water Rate Annual Review was given by Carrie Swartz of PFM. The Council discussed the matter, and no motion was made.

Financial & Administrative

Petersen Made Motion to Approve Bills Payable in the amount of \$339,886.43. Second by Hedrington. All Ayes. Motion Carried.

Hedrington Made Motion to approve the Amended Utility Billing Policy & Procedure. Second by Goodding. All Ayes. Motion Carried.

Department Update- Wagner has been working on compiling policies and procedures and has added a provision to the sewer ordinance, which will be presented to City Council. Staff spoke with Stanley to develop a proposal for an electric system study. The Council is also working to schedule a joint meeting with the Utility Board, potentially in May.

Outages- An outage occurred on the 14th lasting approximately 70 minutes. A second outage occurred on Friday the 17th at 6:23 p.m., lasting approximately 10 minutes.

Hedrington Made Motion to approve PFM to conduct an Electric Rate Study. Second by Goodding. All Ayes. Motion Carried.

Utility Board Made Motion to approve Resolution 2026-04 E&W, Adopting the Utility Notification Procedure Policy. All Ayes. ROLL CALL- Goodding (AYE) Petersen (AYE) Hedrington (AYE) Bristley (AYE)

Department Update – Wilson has completed the overhead and underground inspections required for IUC regulations. Maintenance was also completed at the regulator station.

Water Main Breaks- None

Water Test Results- The April water test results have been submitted and are currently under review

Hedrington Made Motion to approve Hometown Plumbing replacing the hydrant on N 9<sup>th</sup> Avenue. Second by Goodding. All Ayes. Motion Carried.

Department Update – Long has been engaged in obtaining the necessary permits to downsize bulk chemical tanks and incorporate a 20-gallon day tank. A new water truck has been ordered and is scheduled for pickup on July 1. Well 4 is currently experiencing minor issues following reinstallation.

Hydro flushing activities are underway, with six days completed and an anticipated completion in mid-May

Petersen Made Motion for Adjournment at 6:00pm. Second By Hedrington. All Ayes.

Respectfully submitted,

Gage Lane

Utility Billing Clerk

glane@cityofeldridgeia.org

**BILLS PAYABLE**

CHECK #	DEPT	FUND	VENDOR	DESCRIPTION	AMOUNT
227500	ELECTRIC	630-5-820-6340	ACCESS SYSTEMS LEASING	COPIER LEASE	\$ 239.36
227501	WATER	600-5-810-6501	ACCO UNLIMITED CORP.	CAUSTIC SODA TREATMENT MATERIALS	\$ 500.75
227502	ELECTRIC	630-5-820-6450	ADVANTAGE TREE SERVICES LLC	PRUNING	\$ 49,735.42
227503	ELECTRIC	630-5-820-6332	ASCENDANCE TRUCKS EASTERN IOWA, LLC	CABIN FILTER UNIT 641	\$ 59.09
227504	WATER	600-5-810-6506	CINTAS FIRST AID & SAFETY D89	MEDICINE CABINET	\$ 7.53
227505	WATER	600-5-810-6506	DELL MARKETING L.P.	WATERPLANT LAPTOP	\$ 802.83
227506	ELECTRIC	630-5-820-6560	FLETCHER-REINHARDT CO.	CONNECTOR	\$ 1,075.35
227507	ELECTRIC	630-5-820-6450	IOWA ONE CALL	LOCATES	\$ 152.10
227508	WATER	600-5-810-6501	KINGS MATERIAL INC	SECONDARY CONTAINMENT PLATFORM MATERIALS	\$ 135.18
227509	ELECTRIC	630-5-820-6310	MIDWEST SPRAY TEAM & SALES, LLC	TOTAL VEGETATION CONTROL	\$ 563.34
227510	ELECTRIC	630-5-820-6332	NAPA AUTO PARTS	SERVICE UNIT 640	\$ 383.51
227510	ELECTRIC	630-5-820-6332	NAPA AUTO PARTS	SERVICE UNIT #681	\$ 105.65
227510	ELECTRIC	630-5-820-6332	NAPA AUTO PARTS	SERVICE UNIT 641	\$ 383.51
227510	ELECTRIC	630-5-820-6332	NAPA AUTO PARTS	VFT/TURBO REPAIR UNIT 681	\$ 1,048.33
227510	ELECTRIC	630-5-820-6507	NAPA AUTO PARTS	THREAD REPAIR KIT	\$ 35.46
227511	WATER	600-5-810-6373	QUAD CITIES TAS	ANSWERING SERVICE	\$ 32.41
227511	ELECTRIC	630-5-820-6450	QUAD CITIES TAS	ANSWERING SERVICE	\$ 32.41
227512	WATER	600-5-810-6723	QUAD CITIES WINWATER CO	DISTRIBUTION SYSTEM REPAIR MATERIALS	\$ 1,174.27
227513	WATER	600-5-810-6407	SAMSARA INC	HARDWARE & LICENSING	\$ 1,476.00
227513	ELECTRIC	630-5-820-6450	SAMSARA INC	HARDWARE & LICENSING	\$ 2,264.10
227514	ELECTRIC	630-5-820-6781	T&R ELECTRIC	POLE MOUNT	\$ 4,916.38
227515	WATER	600-5-810-6373	TYLER TECHNOLOGIES	ANNUAL FEES	\$ 715.09
227515	ELECTRIC	630-5-820-6310	TYLER TECHNOLOGIES	ANNUAL FEES	\$ 715.09
227516	ELECTRIC	630-5-820-6508	U.S. POST OFFICE	POSTAGE FOR BILLS	\$ 1,200.00
227517	WATER	600-5-810-6373	VERIZON WIRELESS	CELLULAR SERVICES	\$ 155.94
227517	ELECTRIC	630-5-820-6373	VERIZON WIRELESS	CELLULAR SERVICES	\$ 183.08
227518	ELECTRIC	630-5-820-6507	WHITE CAP, LP	LOCATE FLAGS	\$ 397.50
DFT0000648	ELECTRIC	630-5-820-6501	MIDAMERICAN ENERGY COMPANY	LOUISA CASH REQUIREMENT-MAY 26	\$ 58,000.00
DFT0000649	ELECTRIC	630-5-820-6502	MIDAMERICAN ENERGY COMPANY	WS-4 CASH REQUEST -MAY	\$ 53,000.00
DFT0000676	WATER	600-5-810-6213	ADP, INC	PROCESSING CHARGES	\$ 33.99
DFT0000678	INS REIMB	821-5-630-6184	EBS	SELF INSURED PMT	\$ 430.80
<b>ACH</b>		<b>SPLIT</b>	<b>PAYROLL 4/23</b>	<b>PAYROLL 4/23</b>	\$ 40,586.30
<b>TOTAL:</b>					<b>\$ 220,540.77</b>

# OUTAGE REPORT

**Date:** 4/29/26

**Address:** 349 E. Donahue St

**Outage Time:** 7:11 am - 10:45 am

**Cause:** 1/2 Power - Fault in URD service  
Fault located and service fixed.

**# of Customers:** 4

## Laboratory Report

**Eldridge, City of**  
 Cegan Long  
 305 North 3rd Street  
 Eldridge, IA 52748

**Date Received:** 04/14/26 13:11  
**Date Reported:** 04/27/26 11:40  
**Project:** PWS ID # IA8230008 Eldridge  
 Email reports and Invoice

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
<b>Sample ID: 505 W Donahue St - Routine Grab</b>			<b>Date Sampled: 04/14/26 11:51</b>		<b>Date Received: 04/14/26 13:11</b>	
<b>Lab No.: 26D1413-01</b>			<b>Sampled by: CL</b>			
<b>Classical Chemistry Parameters</b>						
Fluoride	0.655	mg/L	04/14/26 16:59	EV	EPA 300.0	
Field Fluoride	0.65	mg/L	04/14/26 11:51	CL		

Analysis Certified by:

*Randall Wanke, Ph.D.*

Amy Dobbelare For Randall Wanke, Laboratory Director

Randal Wanke, Laboratory Director

**Iowa SDWA Form**

Lab Sample ID # 26 D1413-01

Facility Name: Eldridge	PWS ID: IA 8230008
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Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)

Fluoride Hold time: 28 days	Contact Person:  Contact Phone:	Mail Report:  Email Report:
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Total Fluoride (Field)

0 . 65

Lab Tech Note:  
Add Field Data Analysis  
Fluoride at Log-in

Sample date: Month Day Year Time: Hour Minutes (AM) - PM  
 04 14 2026 11 51

Facility ID

Sampling Point ID (use facility ID, if not #assigned)

950

950

Sample Collection Location:

Sample Collector (last name, first name)

505 W Donahue St

Long, Cegan

Client Signature [Signature]

Print name Cegan Long

Date 4/14/26 Time 11:53

Lab Signature [Signature]

Print name \_\_\_\_\_

Date 4-14-26 Time 1:00 pm

## Laboratory Report

**Eldridge, City of**  
 Cegan Long  
 305 North 3rd Street  
 Eldridge, IA 52748

**Date Received:** 04/14/26 13:16  
**Date Reported:** 04/27/26 11:40  
**Project:** PWS ID # IA8230008 Eldridge  
 Email reports and Invoice

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
<b>Sample ID: 102 W Harvest St - Routine Grab</b>			<b>Date Sampled: 04/14/26 10:29</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-01</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	3.12	mg/L	04/14/26 10:29	Cegan Lc	SM 4500 Cl G	

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
<b>Sample ID: 361 Country Club Ct - Routine Grab</b>			<b>Date Sampled: 04/14/26 10:45</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-02</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	2.00	mg/L	04/14/26 10:45	Cegan Lc	SM 4500 Cl G	

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
<b>Sample ID: 3531 S 11th Ave - Routine Grab</b>			<b>Date Sampled: 04/14/26 11:15</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-03</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	1.83	mg/L	04/14/26 11:15	Cegan Lc	SM 4500 Cl G	

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
<b>Sample ID: 1075 Rustic View Ct - Routine Grab</b>			<b>Date Sampled: 04/14/26 11:35</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-04</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
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Analysis Certified by:



Amy Dobbela For Randall Wanke, Laboratory Director

Randal Wanke, Laboratory Director

Eldridge, City of  
 305 North 3rd Street  
 Eldridge IA, 52748

Project: PWS ID # IA8230008 Eldridge

Email reports and Invoice

Client Contact: Cegan Long

**Reported:**  
 04/27/26 11:40

Field Chlorine 2.14 mg/L 04/14/26 11:35 Cegan Lc SM 4500 CI G

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
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<b>Sample ID: 120 S 3rd Ave-Routine Grab</b>			<b>Date Sampled: 04/13/26 14:57</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-05</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	2.90	mg/L	04/13/26 14:57	Cegan Lc	SM 4500 CI G	

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
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<b>Sample ID: 807 Sawgrass Ct - Routine Grab</b>			<b>Date Sampled: 04/13/26 14:42</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-06</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	2.81	mg/L	04/13/26 14:42	Cegan Lc	SM 4500 CI G	

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
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<b>Sample ID: 1050 W. Maple Ct. - Routine Grab</b>			<b>Date Sampled: 04/13/26 14:22</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-07</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	2.86	mg/L	04/13/26 14:22	Cegan Lc	SM 4500 CI G	

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
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<b>Sample ID: 212 N 3rd St - Routine Grab</b>			<b>Date Sampled: 04/13/26 14:06</b>	<b>Date Received: 04/14/26 13:16</b>		
<b>Lab No.: 26D1416-08</b>			<b>Sampled by: Cegan Long</b>			

**Classical Chemistry Parameters**

Total Coliforms	Negative	MPN/100 mL	04/14/26 13:52	ad	SM 9223B	
Field Chlorine	2.71	mg/L	04/13/26 14:06	Cegan Lc	SM 4500 CI G	

 N-1 Negative  
 \_A Bacteria Absent

**Iowa SDWA Form**

Lab Sample ID # 26D141601

Facility Name: Eldridge	PWS ID: IA 8230008
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**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

Total Coliform  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type:  (Check one)	<input checked="" type="checkbox"/> Routine	
	<input type="checkbox"/> Triggered	SEP# _____
	<input type="checkbox"/> Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/> Special	

Free Chlorine	Total Chlorine
- . -	3 . 12

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to **Res. Cl mg/L tab.**

Sample date: Month Day Year Time: Hour Minutes (AM - PM)

04 14 2026 10 29 (AM)

Facility ID  
950

Sampling Point ID (use facility ID, if not #assigned)  
950

Sample Collection Location:  
102 W Harvest St

Sample Collector (last name, first name)  
Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 4/14/26 Time 10:30

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:05

**Iowa SDWA Form**

Lab Sample ID # 2601416-02

Facility Name: <b>Eldridge</b>	PWS ID: <b>IA 8230008</b>
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**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

Total Coliform  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type:  (Check one)	<input checked="" type="checkbox"/> Routine	
	<input type="checkbox"/> Triggered	SEP# _____
	<input type="checkbox"/> Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/> Special	

Free Chlorine	Total Chlorine
<u>-</u> . <u>-</u>	<u>2</u> . <u>00</u>

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to **Res. Cl mg/L tab.**

Sample date: Month 04 Day 14 Year 2026 Time: Hour 10 Minutes 45 (AM - PM)

Facility ID 950

Sampling Point ID (use facility ID, if not #assigned) 950

Sample Collection Location: 361 Country Club Ct

Sample Collector (last name, first name) Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 10:48 Time 4/14/26

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 100

**Iowa SDWA Form**

Lab Sample ID # 26D1416-03

Facility Name:	PWS ID:
Eldridge	IA 8230008

**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

Total Coliform  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type:  (Check one)	<input checked="" type="checkbox"/>	Routine	
	<input type="checkbox"/>	Triggered	SEP# _____
	<input type="checkbox"/>	Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/>	Special	

Free Chlorine	Total Chlorine
<u>-</u> . <u>-</u>	<u>1</u> . <u>83</u>

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to **Res. Cl mg/L** tab.

Sample date: Month 04 Day 14 Year 2026 Time: Hour 11 Minutes 15 (~~AM~~ - PM)

Facility ID 950

Sampling Point ID (use facility ID, if not #assigned) 950

Sample Collection Location: 3531 S 11th Ave.

Sample Collector (last name, first name) Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 4/14/26 Time 11:15

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:00

**Iowa SDWA Form**

Lab Sample ID # 25D 1416-04

Facility Name: <b>Eldridge</b>	PWS ID: <b>IA 8230008</b>
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**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

<b>Total Coliform</b>  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type:  (Check one)	<input checked="" type="checkbox"/> Routine	
	<input type="checkbox"/> Triggered	SEP# _____
	<input type="checkbox"/> Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/> Special	

Free Chlorine	Total Chlorine
<u>- . -</u>	<u>2 . 14</u>

**Lab Tech Note:**  
Add Field Data Analysis Total Chlorine at Log-in on to **Res. Cl mg/L** tab.

Sample date: Month 04 Day 14 Year 2026 Time: Hour 11 Minutes 35 (AM - PM)

Facility ID 950

Sampling Point ID (use facility ID, if not #assigned) 950

Sample Collection Location: 1075 Rustic View Ct.

Sample Collector (last name, first name) Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 4/14/26 Time 11:36

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:00

**Iowa SDWA Form**

Lab Sample ID # 26D1416-05

Facility Name: <b>Eldridge</b>	PWS ID: <b>IA 8230008</b>
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**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

<b>Total Coliform</b>  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:  Email Report:
	Contact Phone:	

Sample Type:  (Check one)	<input checked="" type="checkbox"/> Routine	
	<input type="checkbox"/> Triggered	SEP# _____
	<input type="checkbox"/> Repeat (circle one->)	<input type="checkbox"/> upstream <input type="checkbox"/> downstream <input type="checkbox"/> original
	<input type="checkbox"/> Special	

Free Chlorine	Total Chlorine
<u>—</u> . <u>—</u>	<u>2</u> . <u>90</u>

**Lab Tech Note:**  
Add Field Data Analysis Total Chlorine at Log-in on to **Res. Cl mg/L tab.**

Sample date: Month 04 Day 13 Year 2026 Time: Hour 14 Minutes 57 (AM - PM)

Facility ID 950

Sampling Point ID (use facility ID, if not #assigned) 950

Sample Collection Location: 120 S 3rd Ave

Sample Collector (last name, first name) Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 4/13/26 Time 14:59

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:00

**Iowa SDWA Form**

Lab Sample ID # 26P1416-06

Facility Name: Eldridge	PWS ID: IA 8230008
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**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

Total Coliform  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type: (Check one)

<input checked="" type="checkbox"/>	Routine	
<input type="checkbox"/>	Triggered	SEP# _____
<input type="checkbox"/>	Repeat (circle one->)	upstream downstream original
<input type="checkbox"/>	Special	

Free Chlorine	Total Chlorine
- . -	2 . 81

**Lab Tech Note:**  
Add Field Data Analysis Total Chlorine at Log-in on to Res. Cl mg/L tab.

Sample date: Month Day Year Time: Hour Minutes (AM - PM)

04 13 2026 14 42

Facility ID: 950

Sampling Point ID (use facility ID, if not #assigned): 950

Sample Collection Location: 807 Sawgrass Ct

Sample Collector (last name, first name): Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 4/13/26 Time 14:43

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:00

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: Iowa (113)

**Iowa SDWA Form**

Lab Sample ID # 26D1416-07

Facility Name:	PWS ID:
Eldridge	IA 8230008

**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

Total Coliform  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type:  (Check one)	<input checked="" type="checkbox"/>	Routine	
	<input type="checkbox"/>	Triggered	SEP# _____
	<input type="checkbox"/>	Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/>	Special	

Free Chlorine	Total Chlorine
- . -	2 . 86

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to **Res. Cl mg/L tab.**

Sample date: Month Day Year Time: Hour Minutes (AM - **PM**)

04 13 2026 14 22

Facility ID

950

Sampling Point ID (use facility ID, if not #assigned)

950

Sample Collection Location:

1050 W Maple Ct.

Sample Collector (last name, first name)

Long, Cegan

Client Signature [Signature] Print name Cegan Long

Date 4/13/26 Time 14:24

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:00

**Iowa SDWA Form**

Lab Sample ID # 26B1416-08

Facility Name:	PWS ID:
Eldridge	IA 8230008

**Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)**

Total Coliform  Water samples must be analyzed within 30 hours of collection.	Contact Person:	Mail Report:
	Contact Phone:	Email Report:

Sample Type:  (Check one)	<input checked="" type="checkbox"/>	Routine	
	<input type="checkbox"/>	Triggered	SEP# _____
	<input type="checkbox"/>	Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/>	Special	

Free Chlorine	Total Chlorine
<u>-</u> . <u>-</u>	<u>2</u> . <u>71</u>

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to **Res. Cl mg/L tab.**

Sample date: Month 04 Day 13 Year 2026 Time: Hour 14 Minutes 06 (AM - ~~PM~~)

Facility ID	Sampling Point ID (use facility ID, if not #assigned)
<u>950</u>	<u>950</u>

Sample Collection Location:	Sample Collector (last name, first name)
<u>212 N 3rd St</u>	<u>Long, Cegan</u>

Client Signature [Signature] Print name Cegan Long

Date 4/13/26 Time 14:08

Lab Signature [Signature] Print name \_\_\_\_\_

Date 4-14-26 Time 1:00



# RESOLUTION 2026-05 E&W

## A RESOLUTION ESTABLISHING AN INCREASE IN WATER RATES TO MEET THE FISCAL OBLIGATION OF THE WATER UTILITY.

WHEREAS, The Board of Trustees of the Eldridge Electric and Water Utility has a responsibility to maintain the financial integrity of the water utility; and

WHEREAS, The Board of Trustees of the Eldridge Electric and Water Utility has considered additional expenses necessary for infrastructure repairs and has determined the water rates should be increased; and

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE ELDRIDGE ELECTRIC AND WATER UTILITY:

The following rate structure shall become effective July 1st, 2026.

1. Rates for water consumption shall be as follows:

0 up to and including 2,000 gallons	\$11.97 (minimum bill)
From 2,100 up to and including 100,000 gallons	\$0.60 per 100 gallons
Over 100,000 gallons	\$0.54 per 100 gallons

All resolutions in conflict with this resolution are hereby repealed.

PASSED AND ADOPTED THIS 5<sup>th</sup> DAY OF MAY 2026.

ATTEST:

\_\_\_\_\_  
/s/ Michael Bristley, Chairman

\_\_\_\_\_  
/s/ Jeff Hedrington, Secretary

\_\_\_\_\_ Ayes      \_\_\_\_\_ Nays