



Suburban Laboratories, Inc.

4140 Litt Drive Hillside, IL 60162
P: (708) 544-3260 F: (708) 544-8587
www.SuburbanLabs.com

COLIFORM ANALYSIS REPORT

Rev. 3/09 O:\omega_V9\master_xxx

CERTIFICATION NUMBER: 17585

A. Facility No. 0311860

B. Facility Name: VILLAGE OF MELROSE PARK

C. Sampling Period: FEB 17 TO MAR. 3, 2010

D. Analysis Method Requested (Check ONE)
(If not checked, all non construction samples analyzed by P/A method)
 Presence/Absence Membrane Filter

Samples should reach our laboratory within 28 hours of collection.

1. Mail Water Supply Copy To: Name: <u>MELROSE PARK WATER DEPT.</u>		3. Date Collected: <u>FEB. 17</u>	
Address: <u>1002 N. 27TH AVE.</u>		4. Sample Collector: <u>CARMEN FIORAVANTI</u>	
City: <u>MELROSE PARK, IL.</u>	State: <u>IL.</u>	5. Sample Purpose CHECK ONLY ONE BOX IN SECTION 5 <input checked="" type="checkbox"/> Routine (RT) <input type="checkbox"/> Boil Order <input type="checkbox"/> Other (SP) Well maintenance, Investigations, etc.	
Zip Code: <u>60160</u>		<input type="checkbox"/> New Construction Permit No. _____ FY _____	
2. Contact for Unsatisfactory Results Name: <u>MICHAEL CARPANZANO</u> Phone: (include area code) <u>1-708-531-5360</u>		<input type="checkbox"/> Repeat Distribution or Well (RP) <input type="checkbox"/> Invalid Replacement <input type="checkbox"/> Replacement	
		Original Lab Sample Number _____	

Suburban Labs reports all compliance data to IEPA via an electronic data deliverable (EDD). Your use of IEPA assigned coliform site codes (i.e. C10B, 10001-01, etc) is critical for successful electronic reporting. A printed final report with the EDD file name will be returned with this COC.

6. Coliform Sampling	7.	8.	9.	10.	11.				
Btl #	Sample Site Code. For Repeat Distribution Samples include Original Site Code, UP, DOWN With Address	Sample Type D,R,F	Time Collected	F (T) Residual Chlorine	Colonies Read	Total Coli	Fecal or E. Coli	Opinion	Laboratory Sample No. (Completed by Lab)
1	10002-03 1406-31 ST AVE.	D.	8:15	.6		N	N	S	10020627-01A
2	10004-03 1324-33 RD AVE.	D.	8:30	.7		N	N	S	-02A
3	10101-02 4503-LAKE ST.	D.	8:45	.7		N	N	S	-03A
4	10202-03 2045-JANICE	D.	9:00	.6		N	N	S	-04A
5	10302-02 2010-RUBY ST.	D.	9:15	.7		N	N	S	-05A
6	10401-02 1935-19 TH AVE.	D.	9:30	.7		N	N	S	-06A
7	10403-02 2035-17 TH AVE.	D.	9:45	.6		N	N	S	-07A
8	10502-03 701-NORTH AVE.	D.	10:00	.7		N	N	S	-08A
9	10601-02 301-BRADDOCK	D.	10:15	.7		N	N	S	-09A
10	10603-03 1537-GRANT	D.	10:30	.7		N	N	S	-10A
11	10702-02 1005-14 TH AVE.	D.	10:45	.6		N	N	S	-11A
12	10704-02 1205-SUPERIOR	D.	11:00	.7		N	N	S	-12A

Sample Type: D= Distribution, R= Raw, F= Finished Residual Chlorine: If the residual chlorine type is not indicated it will be assumed to be Total Residual.
Columns 8 and 9: P= Presence, N= Not Present Opinion: S= Satisfactory, U= Unsatisfactory, I= Invalid

Lab Use Only Method: Membrane Filter 9222B Colilert 9223-PA Date/Time Analyzed: 2/17/10 10:35 AM

Analyzed By: [Signature] Date: 2/18/10

Person Notified (supply): _____ Date: _____

State Region Notified: _____ Date: _____

Date/Time SLI Pick up: _____ By: [Signature]

Date/Time Received at Lab: 2/17/10 11:05 By: [Signature]

White - Original, Pink- File Copy, Yellow- Sampler Copy