



**Coliform Results**

4140 Litt Drive Hillside, Illinois 60162  
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 Fax (708) 544-8587  
[www.suburbanlabs.com](http://www.suburbanlabs.com)

**Workorder: 1008838**  
 IEPA EDD File: 17585\_082410D1.csv

Mike Carpanzano  
 Village of Melrose Park  
 1002 N. 27th Ave  
 Melrose Park, IL 60160

Reported: 8/24/2010  
 Project: Coliform  
 Facility ID: IL0311860

Phone: (708) 531-5360  
 Fax: (708) 345-1391

Sample Site # or Address.	Date/Time Collected	Free CL, mg/l	ToT CL, mg/l	Colonies Read	Tot Coli	E. Coli	F. Coli	Opinion	Method	Lab Sample ID
10001-02 1305 31ST AVE	8/18/2010 8:15:00 AM	.7			N	N		S	9223B-PA	1008838-001A
10003-02 1417 33RD AVE	8/18/2010 8:30:00 AM	.6			N	N		S	9223B-PA	1008838-002A
10005-02 3421 LAKE ST	8/18/2010 8:45:00 AM	.7			N	N		S	9223B-PA	1008838-003A
10201-02 2001 JANIS	8/18/2010 9:00:00 AM	.6			N	N		S	9223B-PA	1008838-004A
10301-02 2001 CORNEL	8/18/2010 9:15:00 AM	.7			N	N		S	9223B-PA	1008838-005A
10303-02 1975 HAWTHORN	8/18/2010 9:30:00 AM	.7			N	N		S	9223B-PA	1008838-006A
10402-03 2039 19TH AVE-ALT	8/18/2010 9:45:00 AM	.7			N	N		S	9223B-PA	1008838-007A
10501-02 1445 NORTH AVE	8/18/2010 10:00:00 AM	.7			N	N		S	9223B-PA	1008838-008A
10503-02 2075 GEORGE ST	8/18/2010 10:15:00 AM	.6			N	N		S	9223B-PA	1008838-009A
10602-03 151 BRADDICK-ALT	8/18/2010 10:30:00 AM	.7			N	N		S	9223B-PA	1008838-010A
10701-02 917 WINSTON DR	8/18/2010 10:45:00 AM	.7			N	N		S	9223B-PA	1008838-011A
10703-03 1007 13TH AVE-ALT	8/18/2010 11:00:00 AM	.6			N	N		S	9223B-PA	1008838-012A
10801-02 1650 NORTH AVE	8/18/2010 11:15:00 AM	.6			N	N		S	9223B-PA	1008838-013A

Analyzed By: Lisa Piazza

Date-Time Received: 08/18/2010 11:30 AM

Date-Time Analyzed: 08/18/2010 4:15 PM

Coloinies Read: TNTC= To Numerous To Count  
 Total Coli, E. and F. Coli: P= Presence, N= Not Present  
 Opinion: S= Satisfactory U=Unsatisfactory I=Invalid

Methods: 9223B-PA = Presence/Absence;  
 9222B = Membrane Filter





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## COLIFORM ANALYSIS REPORT

Rev. 3/09 O:\omega\_V9\master\_xxx

CERTIFICATION NUMBER: 17585

10F2

A. Facility No. 0311860

B. Facility Name: VILLAGE OF MELROSE PARK

C. Sampling Period: AUG 18 TO SEPT. 1, 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>AUG. 18, 2010</u>	
Address: <u>1002 N. 27<sup>TH</sup> 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	
Zip Code: <u>60160</u>	<input checked="" type="checkbox"/> Routine (RT) <input type="checkbox"/> Boil Order <input type="checkbox"/> Other (SP) Well maintenance, Investigations, etc. <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 Coll	Fecal or E. Coli	Opinion	Laboratory Sample No. (Completed by Lab)
1	<u>10001-02 1305-31<sup>ST</sup> AVE.</u>	<u>D.</u>	<u>8:15</u>	<u>.7</u>					<u>1008-838-1A</u>
2	<u>10003-02 1417-33<sup>RD</sup> AVE.</u>	<u>D.</u>	<u>8:30</u>	<u>.6</u>					
3	<u>10005-02 3421- LAKE ST.</u>	<u>D.</u>	<u>8:45</u>	<u>.7</u>					
4	<u>10201-02 2001- JANICE</u>	<u>A.</u>	<u>9:00</u>	<u>.6</u>					
5	<u>10301-02 2001- CORNELL</u>	<u>D.</u>	<u>9:15</u>	<u>.7</u>					
6	<u>10303-02 1975- HAWTHORNE</u>	<u>D.</u>	<u>9:30</u>	<u>.7</u>					
7	<u>10402-03 2039-19<sup>TH</sup> AVE</u>	<u>D.</u>	<u>9:45</u>	<u>.7</u>					<u>7A</u>

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: \_\_\_\_\_

Analyzed By: \_\_\_\_\_ Date: \_\_\_\_\_

Person Notified (supply): \_\_\_\_\_ Date: \_\_\_\_\_

State Region Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time SLI Pick up: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Received at Lab: 8/18/10 11:30 By: mtc

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



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## COLIFORM ANALYSIS REPORT

Rev. 3/09 O:\omega\_V9\master\_xxx

2012

CERTIFICATION NUMBER: 17585

A. Facility No. 0311860

B. Facility Name: VILLAGE OF MELROSE PARK

C. Sampling Period: AUG. 18 TO SEPT. 1, 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> Address: <u>1002 N. 27<sup>TH</sup> AVE.</u> City: <u>MELROSE PARK, IL.</u> State: <u>IL.</u> Zip Code: <u>60160</u>	3. Date Collected: <u>AUG. 18, 2010</u> 4. Sample Collector: <u>CARMEN FIORAVANTI</u>
2. Contact for Unsatisfactory Results Name: <u>MICHAEL CARPANZANO</u> Phone: (include area code) <u>1-708-531-5360</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. <input type="checkbox"/> New Construction Permit No. _____ FY _____ <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.				
Bl#	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)
8	<u>10501-02</u> <u>1445-NORTH AVE.</u>	<u>D.</u>	<u>10:00</u>	<u>.7</u>					<u>1008-838-SA</u> ↓ <u>BA</u>
9	<u>10503-02</u> <u>2075-GEORGE ST.</u>	<u>D.</u>	<u>10:15</u>	<u>.6</u>					
10	<u>10602-03</u> <u>151-BRADDOCK</u>	<u>D.</u>	<u>10:30</u>	<u>.7</u>					
11	<u>10701-02</u> <u>917-WINSTON DR.</u>	<u>D.</u>	<u>10:45</u>	<u>.7</u>					
12	<u>10703-03</u> <u>1007-13<sup>TH</sup> AVE.</u>	<u>D.</u>	<u>11:00</u>	<u>.6</u>					
13	<u>10801-02</u> <u>1650-NORTH AVE.</u>	<u>D.</u>	<u>11:15</u>	<u>.6</u>					

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: \_\_\_\_\_

Analyzed By: \_\_\_\_\_ Date: \_\_\_\_\_ Date/Time SLI Pick up: \_\_\_\_\_ By: \_\_\_\_\_

Person Notified (supply): \_\_\_\_\_ Date: \_\_\_\_\_ Date/Time Received at Lab: 8/18/10 11:30 By: h16

State Region Notified: \_\_\_\_\_ Date: \_\_\_\_\_

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