

# SUBURBAN LABORATORIES, Inc.



## Coliform Results

1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134  
 Tel. (708) 544-3260 • Toll Free (800) 783-LABS  
 Fax (708) 544-8587  
 www.suburbanlabs.com

Mike Carpanzano  
 Village of Melrose Park Drinking Water  
 1002 North 27th Avenue  
 Melrose Park, IL 60160

**Workorder: 1609J96**  
 IEPA EDD File: IEPA EDD:17585\_092916D1.csv  
 Reported: 9/29/2016  
 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	Opinion	Method	Lab Sample ID
C9B	9/27/2016 10:00:00 AM		.9		N	N	S	9223B	1609J96-013A
C8D	9/27/2016 9:45:00 AM		.9		N	N	S	9223B	1609J96-012A
C7C	9/27/2016 9:30:00 AM		.8		N	N	S	9223B	1609J96-011A
C7B	9/27/2016 9:15:00 AM		.8		N	N	S	9223B	1609J96-010A
C6B	9/27/2016 9:00:00 AM		.9		N	N	S	9223B	1609J96-009A
C5C	9/27/2016 8:45:00 AM		.8		N	N	S	9223B	1609J96-008A
C5A	9/27/2016 8:30:00 AM		.9		N	N	S	9223B	1609J96-007A
C4C	9/27/2016 8:15:00 AM		.9		N	N	S	9223B	1609J96-006A
C3B	9/27/2016 8:00:00 AM		.9		N	N	S	9223B	1609J96-005A
C2B	9/27/2016 7:45:00 AM		.8		N	N	S	9223B	1609J96-004A
C1E	9/27/2016 7:30:00 AM		.9		N	N	S	9223B	1609J96-003A
C1D	9/27/2016 7:15:00 AM		.8		N	N	S	9223B	1609J96-002A
C1B	9/27/2016 7:00:00 AM		.8		N	N	S	9223B	1609J96-001A
C10E	9/27/2016 10:30:00 AM		.9		N	N	S	9223B	1609J96-015A
C10B	9/27/2016 10:15:00 AM		.8		N	N	S	9223B	1609J96-014A

Analyzed By: Elizabeth Kueny  
 Date-Time Received: 09/27/2016 11:15 AM  
 Date-Time Analyzed: 09/27/2016 5:00 PM

Colonies 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 = Colilert P/A;  
 9222B = Membrane Filter





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## COLIFORM ANALYSIS REPORT

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

CERTIFICATION NUMBER: 17585

A. Facility No. ILO311860

B. Facility Name: Melrose Park

C. Sampling Period: 9/1/16 - 9/30/16

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 Pk. Water Dept.</u>	3. Date Collected: <u>9-27-16</u>
Address: <u>1000 N. 25<sup>th</sup> Ave</u>	4. Sample Collector: <u>Michael Carpanzano</u>
City: <u>Melrose Pk. IL.</u> State: <u>IL.</u> Zip Code: <u>60160</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 _____
2. Contact for Unsatisfactory Results Name: <u>Michael Carpanzano</u> Phone: (include area code) <u>708-906-8650</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 <input checked="" type="checkbox"/> Residual Chlorine	Colonies Read	Total Coli	Fecal or E. Coli	Opinion	Laboratory Sample No. (Completed by Lab)
1	C1B	↑	7AM	.8					1609596 001A ↓ 608A
2	C1D		7:15	.8					
3	C1E		7:30	.9					
4	C2B		7:45	.8					
5	C3B		8AM	.9					
6	C4C		8:15	.9					
7	C5A		8:30	.9					
8	C5C	↓	8:45	.8					

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    Collert 9223-PA   Date/Time Analyzed: \_\_\_\_\_

Analyzed By: _____ Date: _____	Date/Time SLI Pick up: _____ By: _____
Person Notified (supply): _____ Date: _____	Date/Time Received at Lab: <u>9/27/16 11:15</u> By: <u>[Signature]</u>
State Region Notified: _____ Date: _____	Page 2 of 3

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



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

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A. Facility No. ILO311860

B. Facility Name: Melrose PARK

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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 Pk. Water Dept.</u>	3. Date Collected: <u>9-27-16</u>
Address: <u>1000 N. 25<sup>th</sup> Ave</u>	4. Sample Collector: <u>Michael Carpanzano</u>
City: <u>Melrose Pk IL</u> State: <u>IL</u> Zip Code: <u>60160</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 _____
2. Contact for Unsatisfactory Results Name: <u>Michael Carpanzano</u> Phone: (include area code) <u>708-906-8610</u>	<input type="checkbox"/> Repeat Distribution or Well (RP) <input type="checkbox"/> Invalid Replacement <input type="checkbox"/> Replacement Original Lab Sample Number _____

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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 <sup>Ⓢ</sup> Residual Chlorine	Colonies Read	Total Coli	Fecal or E. Coli	Opinion	Laboratory Sample No. (Completed by Lab)
9	C6B	A	9AM	.9					1609596 (004A)
10	C7B		9:15	.8					
11	C7C		9:30	.8					
12	C8A		9:45	.9					
13	C9B		10AM	.9					
14	C10B		10:15	.8					
15	C10E	✓	10:30	.9					015A

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: 9/27/16 11:15 By: [Signature]

Page 3 of 3  
White - Original, Pink- File Copy, Yellow- Sampler Copy