



Coliform Results

1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134
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Mike Carpanzano
 Village of Melrose Park Drinking Water
 1002 North 27th Avenue
 Melrose Park, IL 60160

Workorder: 1708937
 IEPA EDD File: IEPA EDD:17585_081417D2.csv
 Reported: 8/14/2017
 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
C1A	8/10/2017 7:00:00 AM		.8		N	N	S	9223B	1708937-001A
C1C	8/10/2017 7:15:00 AM		.8		N	N	S	9223B	1708937-002A
C2A	8/10/2017 7:30:00 AM		.7		N	N	S	9223B	1708937-003A
C3A	8/10/2017 7:45:00 AM		.8		N	N	S	9223B	1708937-004A
C4A	8/10/2017 8:00:00 AM		.8		N	N	S	9223B	1708937-005A
C4B	8/10/2017 8:15:00 AM		.7		N	N	S	9223B	1708937-006A
C5B	8/10/2017 8:30:00 AM		.7		N	N	S	9223B	1708937-007A
C6A	8/10/2017 8:45:00 AM		.8		N	N	S	9223B	1708937-008A
C6C	8/10/2017 9:00:00 AM		.8		N	N	S	9223B	1708937-009A
C7A	8/10/2017 9:15:00 AM		.7		N	N	S	9223B	1708937-010A
C8A	8/10/2017 9:30:00 AM		.7		N	N	S	9223B	1708937-011A
C8C	8/10/2017 9:45:00 AM		.8		N	N	S	9223B	1708937-012A
C9A	8/10/2017 10:00:00 AM		.8		N	N	S	9223B	1708937-013A
C10B	8/10/2017 10:15:00 AM		.7		N	N	S	9223B	1708937-014A
C8B	8/10/2017 10:30:00 AM		.7		N	N	S	9223B	1708937-015A

Analyzed By: Michelle Minton

Date-Time Received: 08/10/2017 10:50 AM

Date-Time Analyzed: 08/10/2017 4:58 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 or Colisure 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. TLO311860

B. Facility Name: Melrose Pk.

C. Sampling Period: 8/1/17 - 8/31/17

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>8-10-17</u>	
Address: <u>1000 N. 25th Ave</u>		4. Sample Collector: <u>Michael Carpanzano</u>	
City: <u>Melrose Pk. 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>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	Sample Site Code. For Repeat Distribution Samples include Original Site Code, UP, DOWN With Address	Sample Type D,R,F	Time Collected	F [Ⓢ] Residual Chlorine	7. Colonies Read	8. Total Coli	9. Fecal or E. Coli	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
1	C1A	↓	7AM	.8					1708937 001A
2	C1C	↓	7:15	.8					
3	C2A	↓	7:30	.7					
4	C3A	↓	7:45	.8					
5	C4A	↓	8AM	.8					
6	C4B	↓	8:15	.7					
7	C5B	↓	8:30	.7					
8	C6A	↓	8:45	.8					008A

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: 8-10-17 10:50 By: EG

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



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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 PK

C. Sampling Period: 8/1/17 - 8/31/17

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>8-10-17</u>	
Address: <u>1000 N. 25th Ave</u>		4. Sample Collector: <u>Michael Caspanzano</u>	
City: <u>Melrose PK. 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 Caspanzano</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 _____	

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6. Coliform Sampling	Sample Site Code. For Repeat Distribution Samples include Original Site Code, UP, DOWN With Address	Sample Type D,R,F	Time Collected	F (1) Residual Chlorine	7. Colonies Read	8. Total Coli	9. Fecal or E. Coli	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
9	C6C	↓	9AM	.8					1708937
10	C7A	↓	9:15	.7					
11	C8A	↓	9:30	.7					
12	C8C	↓	9:45	.8					
13	C9A	↓	10 AM	.8					
14	C10B	↓	10:15	.7					
15	C8B	↓	10:30	.7					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: _____ Date/Time SLI Pick up: _____ By: _____

Person Notified (supply): _____ Date: _____ Date/Time Received at Lab: 8-10-17 10:30 By: [Signature]

State Region Notified: _____ Date: _____

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