



Coliform Results

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

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

Workorder: 1806691
 IEPA EDD File: IEPA EDD:17585_061418D2.csv
 Reported: 6/14/2018
 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
C1B	6/11/2018 7:00:00 AM	.8	.8		N	N	S	9223B	1806691-001A
C1E	6/11/2018 7:15:00 AM	.9	.9		N	N	S	9223B	1806691-002A
C1D	6/11/2018 7:30:00 AM	.8	.8		N	N	S	9223B	1806691-003A
C2B	6/11/2018 7:45:00 AM	.8	.8		N	N	S	9223B	1806691-004A
C3B	6/11/2018 8:00:00 AM	.9	.9		N	N	S	9223B	1806691-005A
C4C	6/11/2018 8:15:00 AM	.9	.9		N	N	S	9223B	1806691-006A
C5A	6/11/2018 8:30:00 AM	.8	.8		N	N	S	9223B	1806691-007A
C6B	6/11/2018 8:45:00 AM	.8	.8		N	N	S	9223B	1806691-008A
C5C	6/11/2018 9:00:00 AM	.8	.8		N	N	S	9223B	1806691-009A
C7B	6/11/2018 9:15:00 AM	.9	.9		N	N	S	9223B	1806691-010A
C7C	6/11/2018 9:30:00 AM	.8	.8		N	N	S	9223B	1806691-011A
C8D	6/11/2018 9:45:00 AM	.8	.8		N	N	S	9223B	1806691-012A
C9B	6/11/2018 10:00:00 AM	.9	.9		N	N	S	9223B	1806691-013A
C10D	6/11/2018 10:15:00 AM	.8	.8		N	N	S	9223B	1806691-014A
C10E	6/11/2018 10:30:00 AM	.8	.8		N	N	S	9223B	1806691-015A

Analyzed By: Michelle Minton
 Date-Time Received: 06/11/2018 11:15 AM
 Date-Time Analyzed: 06/11/2018 3:21 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. TL0311860

B. Facility Name: Melrose Park

C. Sampling Period: 6/1/18 - 6/30/18

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> Address: <u>1000 N. 25th Ave</u> City: <u>Melrose Pk.</u> State: <u>IL.</u> Zip Code: <u>60160</u>	3. Date Collected: <u>6-11-18</u> 4. Sample Collector: <u>Michael Carpanzano</u>
2. Contact for Unsatisfactory Results Name: <u>Michael Carpanzano</u> Phone: (include area code) <u>708-906-8650</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.				
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	D	7AM	.8					1800C091-1A ↓ V-8A
2	C1E		7:15	.9					
3	C1A		7:30	.8					
4	C2B		7:45	.8					
5	C3B		8AM	.9					
6	C4C		8:15	.9					
7	C5A		8:30	.8					
8	C6B	V	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 Colilert 9223-PA Date/Time Analyzed: _____

Analyzed By: _____ Date: _____ Date/Time SLI Pick up: _____ By: _____

Person Notified (supply): _____ Date: _____ Date/Time Received at Lab: 11:15 6/11/18 By: PRR

State Region Notified: _____ Date: _____ Page 2 of 3

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

JSh 6-11-18 12:28



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Presence/Absence Membrane Filter

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1. Mail Water Supply Copy To: Name: <u>Melrose Park Water Dept.</u>	3. Date Collected: <u>6-11-18</u>
Address: <u>1000 N. 25th Ave</u>	4. Sample Collector: <u>Michael Carpanzano</u>
City: <u>Melrose Park</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>708-906-8600</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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Btl #	Sample Site Code. For Repeat Distribution Samples include Original Site Code, UP, DOWN With Address	Sample Type D,R,F	Time Collected	F \oplus Residual Chlorine	Colonies Read	Total Coli	Fecal or E. Coli	Opinion	Laboratory Sample No. (Completed by Lab)
9	C5C	D	9AM	.8					10000001-9A
10	C7B		9:15	.9					
11	C7C		9:30	.8					
12	C8A		9:45	.8					
13	C9B		10AM	.9					
14	C10A		10:15	.8					
15	C10E	✓	10:30	.8				✓ 15A	

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.

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Analyzed By: _____ Date: _____

Person Notified (supply): _____ Date: _____

State Region Notified: _____ Date: _____

Date/Time SLI Pick up: _____ By: _____

Date/Time Received at Lab: 11:15 6/11/18 By: PER

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

[Signature] 6.11.18 12:28