



Coliform Results

1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134
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 www.suburbanlabs.com

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

Workorder: 1905678
 IEPA EDD File: IEPA EDD:17585_051319D11.csv
 Reported: 5/13/2019
 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	5/8/2019 7:00:00 AM		0.9		N	N	S	9223B	1905678-001A
C1C	5/8/2019 7:15:00 AM		0.9		N	N	S	9223B	1905678-002A
C2A	5/8/2019 7:30:00 AM		0.8		N	N	S	9223B	1905678-003A
C3A	5/8/2019 7:45:00 AM		0.9		N	N	S	9223B	1905678-004A
C4A	5/8/2019 8:00:00 AM		0.9		N	N	S	9223B	1905678-005A
C4B	5/8/2019 8:15:00 AM		0.9		N	N	S	9223B	1905678-006A
C5B	5/8/2019 8:30:00 AM		0.8		N	N	S	9223B	1905678-007A
C6A	5/8/2019 8:45:00 AM		0.9		N	N	S	9223B	1905678-008A
C6C	5/8/2019 9:00:00 AM		0.8		N	N	S	9223B	1905678-009A
C7A	5/8/2019 9:15:00 AM		0.9		N	N	S	9223B	1905678-010A
C8A	5/8/2019 9:30:00 AM		0.8		N	N	S	9223B	1905678-011A
C8C	5/8/2019 9:45:00 AM		0.9		N	N	S	9223B	1905678-012A
C9A	5/8/2019 10:00:00 AM		0.9		N	N	S	9223B	1905678-013A
C10B	5/8/2019 10:15:00 AM		0.9		N	N	S	9223B	1905678-014A
C8B	5/8/2019 10:30:00 AM		0.8		N	N	S	9223B	1905678-015A

Analyzed By: Michelle Minton
 Date-Time Received: 05/08/2019 4:15 PM
 Date-Time Analyzed: 05/08/2019 5:23 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. IL 0311860 B. Facility Name: Melrose Park

C. Sampling Period: 5/1/19 - 5/31/19 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>5-8-19</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 Residual Chlorine	Colonies Read	Total Coli	Fecal or E. Coll	Opinion	Laboratory Sample No. (Completed by Lab)
1	C 1 A	D	7AM	.9					1905678-001A
2	C 1 C		7:15	.9					
3	C 2 A		7:30	.8					
4	C 3 A		7:45	.9					
5	C 4 A		8AM	.9					
6	C 4 B		8:15	.9					
7	C 5 B		8:30	.8					
8	C 6 A	V	8:45	.9				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: 5-8-19 14:34 By: JLS

Date/Time Received at Lab: 5-8-19 12:15 By: JLS

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



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A. Facility No. IL 0311860

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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

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1. Mail Water Supply Copy To: Name: <u>Melrose Pk. Water Dept.</u>		3. Date Collected: <u>5-8-19</u>	
Address: <u>1000 N. 25th Ave</u>		4. Sample Collector: <u>Michael Carpanzano</u>	
City: <u>Melrose Pk</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.		
2. Contact for Unsatisfactory Results		<input type="checkbox"/> New Construction Permit No. _____ FY _____	
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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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)
9	C 6 C	D	9 AM	.8					1405678-009A
10	C 7 A		9:15	.9					
11	C 8 A		9:30	.8					
12	C 8 C		9:45	.9					
13	C 9 A		10 AM	.9					
14	C 10 B		10:15	.9					
15	C 8 B	↓	10:30	.8					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.
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Date/Time Received at Lab: 5-8-19 16:15 By: JKS

Page 3 of 3
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