

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: 2006F65
 IEPA EDD File: IEPA EDD:17585_062320D35.csv
 Reported: 6/23/2020
 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	6/18/2020 7:00:00 AM		1.2		N	N	S	9223B	2006F65-001A
C1E	6/18/2020 7:15:00 AM		1.1		N	N	S	9223B	2006F65-002A
C1D	6/18/2020 7:30:00 AM		1.2		N	N	S	9223B	2006F65-003A
C2B	6/18/2020 7:45:00 AM		1.2		N	N	S	9223B	2006F65-004A
C3B	6/18/2020 8:00:00 AM		1.1		N	N	S	9223B	2006F65-005A
C4C	6/18/2020 8:15:00 AM		1.2		N	N	S	9223B	2006F65-006A
C5A	6/18/2020 8:30:00 AM		1.2		N	N	S	9223B	2006F65-007A
C6B	6/18/2020 8:45:00 AM		1.1		N	N	S	9223B	2006F65-008A
C5C	6/18/2020 9:00:00 AM		1.1		N	N	S	9223B	2006F65-009A
C7B	6/18/2020 9:15:00 AM		1.2		N	N	S	9223B	2006F65-010A
C7C	6/18/2020 9:30:00 AM		1.1		N	N	S	9223B	2006F65-011A
C8D	6/18/2020 9:45:00 AM		1.2		N	N	S	9223B	2006F65-012A
C9B	6/18/2020 10:00:00 AM		1.2		N	N	S	9223B	2006F65-013A
C10D	6/18/2020 10:15:00 AM		1.1		N	N	S	9223B	2006F65-014A
C10E	6/18/2020 10:30:00 AM		1.2		N	N	S	9223B	2006F65-015A

Analyzed By: Michelle Minton
 Date-Time Received: 06/18/2020 4:05 PM
 Date-Time Analyzed: 06/18/2020 5:22 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: 6/1/2020 - 6/30/2020

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.

<p>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></p>	<p>3. Date Collected: <u>6-18-2020</u> 4. Sample Collector: <u>M. Caspanzano</u></p>
<p>2. Contact for Unsatisfactory Results Name: <u>Michael Caspanzano</u> Phone: (include area code) <u>708-906-8650</u></p>	<p>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 _____</p>

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 <input checked="" type="radio"/> Residual Chlorine	7. Colonies Read	8. Total Coli	9. Fecal or E. Coll	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
1	C 1 B	D	7 AM	1.2					2006 F65-0017
2	C 1 E		7:15	1.1					
3	C 1 A		7:30	1.2					
4	C 2 B		7:45	1.2					
5	C 3 B		8 AM	1.1					
6	C 4 C		8:15	1.2					
7	C 5 A		8:30	1.2					
8	C 6 B		↓	8:45	1.1				

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: 6/20/20 By: _____

Date/Time Received at Lab: 6/20/20 By: _____

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



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1. Mail Water Supply Copy To: Name: <u>Melrose PK. Water Dept.</u>		3. Date Collected: <u>6-18-2020</u>	
Address: <u>1000 N. 25th Ave</u>		4. Sample Collector: <u>M. 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>		<input type="checkbox"/> Repeat Distribution or Well (RP) <input type="checkbox"/> Invalid Replacement <input type="checkbox"/> Replacement	
Phone: (include area code) <u>708-906-8650</u>		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 Residual Chlorine	7. Colonies Read	8. Total Coli	9. Fecal or E. Coli	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
9	C 5 C	↓	9 AM	1.1					2006F65-0041A
10	C 7 B		9:15	1.2					
11	C 7 C		9:30	1.1					
12	C 8 D		9:45	1.2					
13	C 9 B		10 AM	1.2					
14	C 10 D		10:15	1.1					
15	C 10 E	↓	10:30	1.2					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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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: 6/18/20 1522 By: [Signature]

Date/Time Received at Lab: 6/18/20 1602 By: [Signature]

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