



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: 2101831
 IEPA EDD File: IEPA EDD:17585_011521D1.csv
 Reported: 1/15/2021
 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	1/13/2021 07:00:00		1.2		N	N	S	9223B	2101831-001A
C1E	1/13/2021 07:15:00		1.3		N	N	S	9223B	2101831-002A
C1D	1/13/2021 07:30:00		1.3		N	N	S	9223B	2101831-003A
C2B	1/13/2021 07:45:00		1.3		N	N	S	9223B	2101831-004A
C3B	1/13/2021 08:00:00		1.2		N	N	S	9223B	2101831-005A
C4C	1/13/2021 08:15:00		1.1		N	N	S	9223B	2101831-006A
C5A	1/13/2021 08:30:00		1.2		N	N	S	9223B	2101831-007A
C6B	1/13/2021 08:45:00		1.1		N	N	S	9223B	2101831-008A
C5C	1/13/2021 09:00:00		1.2		N	N	S	9223B	2101831-009A
C7B	1/13/2021 09:15:00		1.2		N	N	S	9223B	2101831-010A
C7C	1/13/2021 09:30:00		1.1		N	N	S	9223B	2101831-011A
C8D	1/13/2021 09:45:00		1.2		N	N	S	9223B	2101831-012A
C9B	1/13/2021 10:00:00		1.2		N	N	S	9223B	2101831-013A
C10D	1/13/2021 10:15:00		1.1		N	N	S	9223B	2101831-014A
C10E	1/13/2021 10:30:00		1.1		N	N	S	9223B	2101831-015A

Analyzed By: Chris Matthews

Date-Time Received: 01/13/2021 04:15 PM

Samples Placed In Incubator Date-Time: 01/13/2021 05:27 PM

Samples Removed from Incubator: 01/14/2021 05:56 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 Omega_V9\master_xxx

CERTIFICATION NUMBER: 17585

A. Facility No. IL0311860

B. Facility Name: Melrose Park

C. Sampling Period: 1/1/21 - 1/31/21

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>1-13-21</u>
Address: <u>1000 N. 25th Ave</u>		4. Sample Collector: <u>M. Carpanzano</u>
City: <u>Melrose Pk.</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>M. Carpanzano</u> Phone: (include area code) <u>708 531-5360</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 (T) Residual Chlorine	7. Colonies Read	8. Total Coli	9. Fecal or E. Coli	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
1	C 1 B	D	7AM	1.2					2101831-1A
2	C 1 E	↓	7:15	1.3					↓ SA
3	C 1 D		7:30	1.3					
4	C 2 B		7:45	1.3					
5	C 3 B		8AM	1.2					
6	C 4 C		8:15	1.1					
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 Collert 9223-PA Date/Time Analyzed: _____

Analyzed By: _____ Date: _____

Person Notified (supply): _____ Date: _____

State Region Notified: _____ Date: _____

Date/Time SLI Pick up: 1/13/21 1533 By: _____

Date/Time Received at Lab: 1/13/21 1645 By: _____

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



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(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>1-13-21</u>
Address: <u>1000 N. 25TH AVE</u>		4. Sample Collector: <u>M. Caspanzano</u>
City: <u>Melrose Pk.</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>M. Caspanzano</u> Phone: (include area code) <u>708 - 531-5360</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 ^(P) Residual Chlorine	Colonies Read	Total Coli	Fecal or E. Coli	Opinion	Laboratory Sample No. (Completed by Lab)
9	C 5 C	↓	9 AM	1.2					2101831-9A
10	C 7 B	↓	9:15	1.2					
11	C 7 C	↓	9:30	1.1					
12	C 8 A	↓	9:45	1.2					
13	C 9 B	↓	10 AM	1.2					
14	C 10 A	↓	10:15	1.1					
15	C 10 E	↓	10:30	1.1				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.
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: 1/13/21 1:33 By: [Signature]

Date/Time Received at Lab: 1/13/21 1:05 By: [Signature]

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