



**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: 2105C82**  
 IEPA EDD File: IEPA EDD:17585\_051921D1.csv  
 Reported: 5/19/2021  
 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	5/13/2021 07:00:00		1.2		N	N	S	9223B	2105C82-001A
C1E	5/13/2021 07:15:00		1.1		N	N	S	9223B	2105C82-002A
C1D	5/13/2021 07:30:00		1.1		N	N	S	9223B	2105C82-003A
C2B	5/13/2021 07:45:00		1.2		N	N	S	9223B	2105C82-004A
C3B	5/13/2021 08:00:00		1.1		N	N	S	9223B	2105C82-005A
C4C	5/13/2021 08:15:00		1.2		N	N	S	9223B	2105C82-006A
C5A	5/13/2021 08:30:00		1.1		N	N	S	9223B	2105C82-007A
C6B	5/13/2021 08:45:00		1.1		N	N	S	9223B	2105C82-008A
C5C	5/13/2021 09:00:00		1.2		N	N	S	9223B	2105C82-009A
C7B	5/13/2021 09:15:00		1.2		N	N	S	9223B	2105C82-010A
C7C	5/13/2021 09:30:00		1.1		N	N	S	9223B	2105C82-011A
C8D	5/13/2021 09:45:00		1.1		N	N	S	9223B	2105C82-012A
C9B	5/13/2021 10:00:00		1.2		N	N	S	9223B	2105C82-013A
C10D	5/13/2021 10:15:00		1.1		N	N	S	9223B	2105C82-014A
C10E	5/13/2021 10:30:00		1.2		N	N	S	9223B	2105C82-015A

Analyzed By: Michelle Hatcher

Date-Time Received: 05/14/2021 08:22 AM

Samples Placed In Incubator Date-Time: 05/14/2021 10:02 AM

Samples Removed from Incubator: 05/15/2021 11:48 AM

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: 5/1/21 - 5/31/21

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>5-13-21</u>
Address: <u>1000 N. 25<sup>TH</sup> Ave</u>	4. Sample Collector: <u>M. Caspanzano</u>
City: <u>Melrose PK. IL.</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 _____

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	A	7AM	1.2					2105CS2-1A
2	C 1 E		7:15	1.1					
3	C 1 D		7:30	1.1					
4	C 2 B		7:45	1.2					
5	C 3 B		8AM	1.1					
6	C 4 C		8:15	1.2					
7	C 5 A		8:30	1.1					
8	C 6 B		↓	8:45	1.1			↓ 8A	

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: 5/14/21 8:13 By: DJ

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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\_00x

CERTIFICATION NUMBER: 17585

A. Facility No. IL 031860

B. Facility Name: Melrose Park

C. Sampling Period: 5/1/21 - 5/31/21

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>5-13-21</u>
Address: <u>1000 N. 25<sup>th</sup> 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.
2. Contact for Unsatisfactory Results Name: <u>M. Carpanzano</u> Phone: (include area code) <u>708 531-5360</u>	<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	Sample Type D,R,F	Time Collected	F $\text{\textcircled{1}}$ Residual Chlorine	7. Colonies Read	8. Total Coll	9. Fecal or E. Coll	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
9 C 5 C	D	9 AM	1.2					2105C82-9A
10 C 7 B		9:15	1.2					
11 C 7 C		9:30	1.1					
12 C 8 D		9:45	1.1					
13 C 9 B		10 AM	1.2					
14 C 10 D		10:15	1.1					
15 C 10 E	↓	10:30	1.2					

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: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Received at Lab: 5/14/21 8:13 By: PG

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