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

Workorder: 2206F55

IEPA EDD File: IEPA EDD:17585_062022D20.csv

Reported: 6/20/2022

Project: Coliform

Facility ID: IL0311860

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

Phone: (708) 531-5360 Fax: (708) 345-1391

1 ax. (700) 343 1371		Free	ToT						
		CL,	CL,	Colonies	Tot	E.			
Sample Site # or Address.	Date/Time Collected	mg/l	mg/l	Read	Coli	Coli	Opinion	Method	Lab Sample ID
C1B	6/16/2022 7:00:00 AM		1.1		N	Ν	S	9223B	2206F55-001A
C1E	6/16/2022 7:15:00 AM		1.1		N	N	S	9223B	2206F55-002A
C1D	6/16/2022 7:30:00 AM		1.2		N	N	S	9223B	2206F55-003A
C2B	6/16/2022 7:45:00 AM		1.1		N	N	S	9223B	2206F55-004A
C3B	6/16/2022 8:00:00 AM		1.1		N	N	S	9223B	2206F55-005A
C4C	6/16/2022 8:15:00 AM		1.2		N	N	S	9223B	2206F55-006A
C5A	6/16/2022 8:30:00 AM		1.1		N	N	S	9223B	2206F55-007A
C6B	6/16/2022 8:45:00 AM		1.1		N	N	S	9223B	2206F55-008A
C5C	6/16/2022 9:00:00 AM		1.1		N	N	S	9223B	2206F55-009A
С7В	6/16/2022 9:15:00 AM		1.2		N	N	S	9223B	2206F55-010A
C7C	6/16/2022 9:30:00 AM		1.2		N	N	S	9223B	2206F55-011A
C8D	6/16/2022 9:45:00 AM		1.1		N	N	S	9223B	2206F55-012A
C9B	6/16/2022 10:00:00 AM		1.1		N	N	S	9223B	2206F55-013A
C10D	6/16/2022 10:15:00 AM		1.2		N	N	S	9223B	2206F55-014A
C10E	6/16/2022 10:30:00 AM		1.2		N	N	S	9223B	2206F55-015A

Analyzed By: Ryan A Lathrop

Date-Time Received:06/16/2022 4:10 PM Samples Placed In Incubator Date-Time:06/16/2022 4:45 PM Samples Removed from Incubator:06/17/2022 5:08 PM

Coloinies 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



Illinois Department of Public Health Accredited #17585

Created: 6/20/2022 10:31:22 AM

Illinois Environmental Protection Agency Accredited #100225

Suburban Laboratories, Inc. 1950 S. Batavia Ave., Suite 150, Geneva, IL 60134 P: (708) 544-3260 F: (708) 544-8587

COLIFORM ANALYSIS REPORT

Rev, 3/09 O:\omega_V9\master_xxx CERTIFICATION NUMBER: 17585

www,SuburbanLabs.com	L				1		A 1.				
A. Facility No	, , ,	B. Faci	lity Nam	ie:	Mela	مار ا	PARK		and the state of t		
c. Sampling Period: 6/1/22 - 6/	30/22	_		D.	Aı	nalysis M	ethod Re	quested (Check O			
Samples should reach our laboratory with	in 28 ho	urs of collec	tlon.		□ Pr	esence//	Absence	□ Membra	ne Filter		
1. Mail Water Supply Copy To:				. Date C							
Name: Melrose PK Water Dept.				. Sampl	e Collecto	or:	M.C.	Mpancano			
Address:				5. Sample Purpose CHECK ONLY ONE BOX IN SECTION 5							
1000 N. 25Th Avc City: State: Zip Code:					Routine (RT) Boil Order DOther (SP) Well maintenance, Investigations, etc.						
Melrose DK. IL. 60160 New Construction Permit No. FY									····		
2. Contact for Unsatisfactory Results			.e,	☐ Repea Well (ution or	☐ Invalid Repla	d □ Repl cement	acement		
		ea code) 70		Original i	Lab Sam	ple Numi	per				
M. CASpanzano											
Suburban Labs reports all compliance data to IEF (i.e. C10B, 10001-01, etc) is critical for successfu	PA via an I electron	electronic dat ic reporting. <i>i</i>	a deliver A printed	abie (EDD) final repo	. Your us rt with the	e of IEPA EDD file	assigned on the control of the contr	coliform site codes be returned with thi	s COC.		
6. Coliform Sampling	Sample		F f	7.	8.	9.	10.	11.			
Btl # Sample Site Code. For Repeat Distribution Samples Include Original Site Code, UP, DOWN With Address	Type D,R,F	Time Collected	Residua Chlorine		Total Coli	Fecal or E. Coli	Opinion	Laboratory Sar (Completed b	,		
1 CIB		TAM	11					2206F55	-00 A		
2 CIE		7:15	11								
3 (.1)		7:30	12								
4 623		7:45	1.1								
T CBB		SAM	11								
6 C4C		8:15	1.2	-							
7 6 5 4		8:30	1.1								
8 C6B	V	8:45	1:1	7:1							
	<u> </u>										
Sample Type: D= Distribution, R= Raw, F= Finish	ed Resi	L dual Chlorine	If the re	sidual chlo	l	not indicat	led it will he	L assumed to be Total	Residual.		
Columns 8 and 9: P= Presence, N= Not Present		ion: S= Satis							, , , , , , , , , , , , , , , , , , , ,		
Lab Use Only Method: ☐ Membrane	e Filter 9	222B 🗆 Col	ilert 922	3-PA D		Analyzed					
Analyzed By: Date:					C.16-27 16.2. 8V						
Person Notified (supply):				Date	e/Time R	eceived a	at Lab <u>: ೯</u>	16-22 16:101	ву: 🎢		
State Region Notified: Date:							***		e 2 of 3		

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COLIFORM ANALYSIS REPORT

Rev. 3/09 O:\omega_V9\master_xxx

CERTIFICATION NUMBER: 17585

	<u>www.SuburbanLa</u>	<u>bs.com</u>				NI		1	L				
A. Facility	No. IL 031186	0	B. Faci	lity Name	·/	110/	rese	PAM	ASSOCIATION ASSOCI				
A. Facility No. TL 03/1860 B. Facility Name: Melrose PAK C. Sampling Period: 6/1/32 - 6/30/32 D. Analysis Method Requested (Check ONE) (If not checked, all non construction samples analyzed by P/A method)								quested (Check ONE) samples analyzed by P/A method)					
	should reach our laboratory				<u>_</u>		esence/A		☐ Membrane Filter				
1. Mail Water Supply Copy To:				1	3. Date Collected: 6-16-22								
Name: Melroce PK. Water Dept.				4.	4. Sample Collector: M. CAT poinzone								
Address:					5. Sample Purpose CHECK ONLY ONE BOX IN SECTION 5								
1000 N. 25th Ave City: State: Zip Code:					Routine (RT) Boil Order Dother (SP) Well maintenance, investigations, etc.								
Melrose PK. IL. 60160					□New Construction Permit No FY								
	2. Contact for Unsatisfactory Results					☐ Repeat Distribution or ☐ Invalid ☐ Replacement Well (RP) Replacement							
Name:	Name: Phone: (Include area code) 708 -						Well (RP) Replacement Original Lab Sample Number						
Λ!. (Arpanzano	531	-5360		Zilgillai i	Lab Sanı	JIG MUITIL						
Suburban I (I.e. C10B,	abs reports all compliance data 10001-01, etc) is critical for succ	to IEPA via an cessful electron	electronic dat ic reporting.	a deliverat A printed f	ole (EDD) inal repo	. Your us rt with the	e of IEPA : EDD file i	assigned o rame will b	coliform site codes be returned with this COC.				
1	orm Sampling	Sample		F (T)	7.	8.	9.	10.	11.				
Btl#	Sample Site Code. For Repeat Distribution Samples include Origin Site Code, UP, DOWN With Addro		Time Collected	Residual Chlorine	Colonies Read	Total Coll	Fecal or E. Coll	Opinion	Laboratory Sample No. (Completed by Lab)				
9	C T C	A	GAM	1.					2206F55 -009A				
10	C 7 B		9:15	1.2									
	C 7 C		9:30	12									
/2	(8 ()		9:45	13									
13	CAR		IDAM	11									
14	C 10 10		10:15	1 ' 1					,				
	<u> </u>		10:30	1,2					-01 SA				
15	CIOE	4	70,50	1,7									
	Andrews .												
							<u> </u>						
					<u> </u>			ļ					
	ype: D= Distribution, R= Raw, F= 8 and 9: P= Presence, N= Not P		dual Chlorine ilon: S= Satis					ed it will be	assumed to be Total Residual.				
Labil	so Only Method: Men	nbrane Filter 9	222B □ Co	lilert 9223	-PA D	ate/Time	Analyzed	d:					
Lab Use Only Method: ☐ Membrane Filter 9222B ☐ Colilert 9 Analyzed By: Date:					Date/Time SLI Pick up: 6-16-22 15,12 By: 5K								
Person Notified (supply): Date:					Date/Time Received at Lab: 6-1<-32 16)/ By:								
State Region Notified: Date:							White	- Orlginal, P	Page 3 of 3 ink- File Copy, Yellow- Sampler Copy				