

# 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: 2206F55**  
 IEPA EDD File: IEPA EDD:17585\_062022D20.csv  
 Reported: 6/20/2022  
 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	6/16/2022 7:00:00 AM		1.1		N	N	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
C7B	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

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. 3/08 O:\omega\_V9\master\_00x

CERTIFICATION NUMBER: 17585

A. Facility No. IL 0311860

B. Facility Name: Melrose Park

C. Sampling Period: 6/1/22 - 6/30/22

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>6-16-22</u>	
Address: <u>1000 N. 25<sup>th</sup> Ave</u>		4. Sample Collector: <u>M. Caspanzano</u>	
City: <u>Melrose Pk.</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>M. Caspanzano</u>		<input type="checkbox"/> Repeat Distribution or Well (RP) <input type="checkbox"/> Invalid Replacement <input type="checkbox"/> Replacement	
Phone: (include area code) <u>708 531-5360</u>		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 Coll	9. Fecal or E. Coll	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
1	C1B	D	7AM	1.1					2206F55 -001A
2	C1E		7:15	1.1					
3	C1A		7:30	1.2					
4	C2B		7:45	1.1					
5	C3B		8AM	1.1					
6	C4C		8:15	1.2					
7	C5A		8:30	1.1					
8	C6B	✓	8:45	1.1					-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

<b>Lab Use Only</b> Method: <input type="checkbox"/> Membrane Filter 9222B <input type="checkbox"/> Collert 9223-PA Date/Time Analyzed: _____	
Analyzed By: _____ Date: _____	Date/Time SLI Pick up: <u>6-16-22 15:20</u> By: <u>SK</u>
Person Notified (supply): _____ Date: _____	Date/Time Received at Lab: <u>6-16-22 16:10</u> By: <u>JD</u>
State Region Notified: _____ Date: _____	Page 2 of 3 White - Original, Pink- File Copy, Yellow- Sampler Copy



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## COLIFORM ANALYSIS REPORT

Rev. 3/09 O:\omega\_V9\master\_000

CERTIFICATION NUMBER: 17585

A. Facility No. IL 0311 860

B. Facility Name: Melrose Park

C. Sampling Period: 6/1/22 - 6/30/22

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>6-16-22</u>	
Address: <u>1000 N. 25th Ave</u>		4. Sample Collector: <u>M. Carpanzano</u>	
City: <u>Melrose Pk IL</u>	State: <u>IL</u>	Zip Code: <u>60160</u>	
2. Contact for Unsatisfactory Results Name: <u>M. Carpanzano</u> Phone: (Include area code) <u>708-531-5360</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. Colliform 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 Coll	9. Fecal or E. Coll	10. Opinion	11. Laboratory Sample No. (Completed by Lab)
9	C 5 C	↓	9 AM	1.1					2206F55 -009A
10	C 7 B	↓	9:15	1.2					
11	C 7 C	↓	9:30	1.2					
12	C 8 D	↓	9:45	1.1					
13	C 9 B	↓	10 AM	1.1					
14	C 10 D	↓	10:15	1.2					
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.

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: \_\_\_\_\_ Date/Time SLI Pick up: 6-16-22 15:20 By: SK

Person Notified (supply): \_\_\_\_\_ Date: \_\_\_\_\_ Date/Time Received at Lab: 6-16-22 16:10 By: PH

State Region Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Page 3 of 3  
White - Original, Pink- File Copy, Yellow- Sampler Copy