



Coliform Results

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

Workorder: 2310D56
 IEPA EDD File:
 Reported: 10/19/2023
 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	10/17/2023 7:00:00 AM				N	N	S	9223B	2310D56-001A
C1E	10/17/2023 7:15:00 AM				N	N	S	9223B	2310D56-002A
C1D	10/17/2023 7:30:00 AM				N	N	S	9223B	2310D56-003A
C2B	10/17/2023 7:45:00 AM				N	N	S	9223B	2310D56-004A
C3B	10/17/2023 8:00:00 AM				N	N	S	9223B	2310D56-005A
C4C	10/17/2023 8:15:00 AM				N	N	S	9223B	2310D56-006A
C5A	10/17/2023 8:30:00 AM				N	N	S	9223B	2310D56-007A
C6B	10/17/2023 8:45:00 AM				N	N	S	9223B	2310D56-008A
C5C	10/17/2023 9:00:00 AM				N	N	S	9223B	2310D56-009A
C7B	10/17/2023 9:15:00 AM				N	N	S	9223B	2310D56-010A
C7C	10/17/2023 9:30:00 AM				N	N	S	9223B	2310D56-011A
C8D	10/17/2023 9:45:00 AM				N	N	S	9223B	2310D56-012A
C9B	10/17/2023 10:00:00 AM				N	N	S	9223B	2310D56-013A
C10D	10/17/2023 10:15:00 AM				N	N	S	9223B	2310D56-014A
C10E	10/17/2023 10:30:00 AM				N	N	S	9223B	2310D56-015A

Analyzed By: Vanessa Adams

Date-Time Received: 10/17/2023 2:30 PM

Samples Placed In Incubator Date-Time: 10/17/2023 5:15 PM

Samples Removed from Incubator: 10/18/2023 5:35 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





METIRI
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COLIFORM ANALYSIS REPORT

Rev. 3/09 O:\omega_V9\master_00x

CERTIFICATION NUMBER: 17585

A. Facility No. IL 0311860 B. Facility Name: Melrose Park
 C. Sampling Period: 10/1/23 - 10/31/23 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> Address: <u>1000 N. 25th Ave</u> City: <u>Melrose Pk. IL</u> State: <u>IL</u> Zip Code: <u>60160</u>	3. Date Collected: <u>10-17-23</u> 4. Sample Collector: <u>M. Carpanzano</u>
2. Contact for Unsatisfactory Results Name: <u>M. Carpanzano</u> Phone: (include area code) <u>708-581-5360</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. 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	C1B	D	7AM	1.2					D56
2	C1E		7:15	1.2					
3	C1A		7:30	1.1					
4	C2B		7:45	1.1					
5	C3B		8am	1.2					
6	C4C		8:15	1.1					
7	C5A		8:30	1.1					
8	C6B	↓	8:45	1.2					
9									

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: <input type="checkbox"/> Membrane Filter 9222B <input type="checkbox"/> Colilert 9223-PA Date/Time Analyzed: _____
Analyzed By: _____ Date: _____
Person Notified (supply): _____ Date: _____
State Region Notified: _____ Date: _____

Date/Time SLI Pick up: 10/17 1240 By: MT
 Date/Time Received at Lab: 10/17 230 By: MT

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_xxx

CERTIFICATION NUMBER: 17585

A. Facility No. IL 0311860
 C. Sampling Period: 10/1/23 - 10/31/23

B. Facility Name: Melrose Park

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> Address: <u>1000 N. 25th Ave</u> City: _____ State: _____ Zip Code: _____ <u>Melrose Pk. IL 60160</u>	3. Date Collected: <u>10-17-23</u> 4. Sample Collector: <u>M. Caspanzano</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 _____
2. Contact for Unsatisfactory Results Name: <u>M. Caspanzano</u> Phone: (include area code) <u>708-531-5360</u>	

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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 $\text{\textcircled{D}}$ 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	D	9 AM	1.2					D56
10	C 7 B		9:15	1.1					
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	V	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.
 Columns 8 and 9: P= Presence, N= Not Present Opinion: S= Satisfactory, U= Unsatisfactory, I= Invalid

Lab Use Only Method: <input type="checkbox"/> Membrane Filter 9222B <input type="checkbox"/> Colilert 9223-PA	Date/Time Analyzed: _____
Analyzed By: _____ Date: _____	Date/Time SLI Pick up: <u>10/17 10:46</u> By: <u>JCS</u> Date/Time Received at Lab: <u>10/17 2:30</u> By: <u>JM</u>
Person Notified (supply): _____ Date: _____	
State Region Notified: _____ Date: _____	