



**Coliform Results**

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Jason Fowler  
 Mill Creek Water Reclamation District  
 611 Stevens Street  
 Geneva, IL 61034

**Workorder: 2206H40**  
 IEPA EDD File:  
 Reported: 6/22/2022  
 Project: Mill Creek Water Reclamation Colifo  
 Facility ID: IL0890120

Phone: (630) 208-9898  
 Fax: (630) 208-9895

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
SP-BOIL ORD C4C	6/21/2022 3:21:00 PM		0.9		N	N	S	9223B	2206H40-001A
SP-BOIL ORD C4B	6/21/2022 3:15:00 PM		1.4		N	N	S	9223B	2206H40-002A
SP-BOIL ORD C2D	6/21/2022 2:47:00 PM		1.0		N	N	S	9223B	2206H40-003A
SP-BOIL ORD C3B	6/21/2022 3:00:00 PM		1.6		N	N	S	9223B	2206H40-004A
SP-BOIL ORD C1D	6/21/2022 2:30:00 PM		1.0		N	N	S	9223B	2206H40-005A
SP-BOIL ORD C1C	6/21/2022 2:10:00 PM		1.1		N	N	S	9223B	2206H40-006A
SP-BOIL ORD C2E	6/21/2022 2:55:00 PM		1.1		N	N	S	9223B	2206H40-007A
SP-BOIL ORD C3C	6/21/2022 2:40:00 PM		1.3		N	N	S	9223B	2206H40-008A
SP-BOIL ORD C4A	6/21/2022 3:09:00 PM		1.6		N	N	S	9223B	2206H40-009A

Analyzed By: Ryan A Lathrop

Date-Time Received: 06/21/2022 3:38 PM

Samples Placed In Incubator Date-Time: 06/21/2022 5:51 PM

Samples Removed from Incubator: 06/22/2022 11:54 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





Facility Name Mill Creek Water Reclamation District		Facility No. 0890120	Sampling Period JULY 2022	Samples Collected By
Mail Report To (Name) Jason Fowler			Sample Purpose (Required - Select One Only)	
Mailing Address 611 Stevens Street			<input checked="" type="checkbox"/> Routine	<input checked="" type="checkbox"/> Boil Order (P/A)
City Geneva	State IL	Zip 61034	<input type="checkbox"/> Repeat (P/A) Original Lab Sample Number	<input type="checkbox"/> Replacement (P/A) Original Lab Sample Required for Repeat and Replacement Samples
Contact Name (1) for Unsatisfactory Results Jason Fowler			<input type="checkbox"/> IEPA Reportable New Construction (Membrane Filter)	<input type="checkbox"/> NOT Reportable New Construction (Membrane Filter)
Contact (1) Phone (630) 208-9898		Contact (1) Fax (630) 208-9895		
Contact (1) Email Address jfowler@sheafferandroland.com			Construction Permit No FY	
Contact Name (2) for Unsatisfactory Results			Comments & Special Instructions:	
Contact (2) Phone		Contact (2) Fax		
Contact (2) Email Address				

Bottle ID	Sample Site Code	New Location and/or Non-Routine Site Code	Sample Location/Address	Collection Date and Time	TOTAL Residual Chlorine	Laboratory Sample No. (Completed by Lab)
1	C4C - 39W317 WEAVER LANE			6-21-22 3:21pm	.9	2206440-001A
2	C4B - 39W020 ARMSTRONG			6-21-22 3:15pm	1.4	
3	C2D - 39W295 SHELDON			6-21-22 2:47pm	1.0	
4	C3B - 0N069 HOLLAND			6-21-22 3:00	1.6	
5	C1D - 39W220 EAST BURNHA			6-21-22 2:30pm	1.0	005A

Date/Time SLI Pick-up or Service Center Receipt:  

By:  

Date/Time Received at Lab: 6/21/22 15:38

By: JD



Facility Name Mill Creek Water Reclamation District		Facility No. 0890120	Sampling Period <del>JUL 2022</del>	Samples Collected By	
Mail Report To (Name) Jason Fowler		Sample Purpose (Required - Select One Only) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Repeat (P/A) <input type="checkbox"/> IEPA Reportable <input type="checkbox"/> New Construction (Membrane Filter) <input type="checkbox"/> Construction Permit No <input type="checkbox"/> Not for Compliance (P/A-Do NOT report results to State) <input checked="" type="checkbox"/> Boil Order (P/A) <input type="checkbox"/> Replacement (P/A) <input type="checkbox"/> NOT Reportable <input type="checkbox"/> New Construction (Membrane Filter) FY			
Mailing Address 611 Stevens Street					
City Geneva	State IL				Zip 61034
Contact Name (1) for Unsatisfactory Results Jason Fowler					
Contact (1) Phone (630) 208-9898	Contact (1) Fax (630) 208-9895				
Contact (1) Email Address jfowler@sheafferandroland.com		Comments & Special Instructions:			
Contact Name (2) for Unsatisfactory Results					
Contact (2) Phone	Contact (2) Fax				
Contact (2) Email Address					

Bottle ID	Sample Site Code	New Location and/or Non-Routine Site Code	Sample Location/Address	Collection Date and Time	TOTAL Residual Chlorine	Laboratory Sample No. (Completed by Lab)
	<del>WL00951 - WELL 1</del>					
	<del>WL01148 - WELL 2</del>					
	<del>WL01149 - WELL 3</del>					
	<del>TP01 - TP 01 - TREATMENT PL.</del>					
	<del>TP02 - TP02 - IRON FILTRATIC</del>					
6	C1C - 39W056 REVERE HOUS			6-21-22 2:10pm	1.1	2206440-006A
7	C2E - 39W191 WASHBURN			6-21-22 2:55pm	1.1	
8	C3C - 39W533 SHELDON LAN			6-21-22 2:40pm	1.3	
9	C4A - 39W416 HERRINGTON			6-21-22 3:09pm	1.6	009A

Date/Time SLI Pick-up or Service Center Receipt:		By:	
Date/Time Received at Lab:	6/21/22 15:38	By:	[Signature]