Surface Supply: Sample Period # **CITY OF HIGHLAND PARK** 7 NO 7/31/2024 7/1/2024 WATER PLANT LABORATORY to Chlorine Exempt: NO 1707 ST. JOHNS AVENUE HIGHLAND PARK, IL 60035 PHONE 847-433-4355 COLIFORM ANALYSIS REPORT Murney Swanson 509 East Park Ave Water System Number: IL0310370 Mail Water Supply Copy To: Public Water Supply Name: Address: Suite 101 Lindentree Townhomes Libertyville, IL 60048 Murney Swanson County: Cook City, State, Zip Code: Contact for Unsatisfactory Results: Date Collected: 07/09/24 Phone: (847) 680-1113 Murney Swanson Check Sample Sample Collector: Cell: (847) 212-1559 Sample Purpose: Email: murneyswan@aol.com

Method No.:	Samples Received in Lab:			Samples Analyzed in Lab:		
Membrane Filter 9222B	Date	Time	Rcvd. By	Date	Time	Analyst
Colilert P/A 9223B X	7/9/2024	4:54 PM	RC	7/9/2024	4:58 PM	RC

Bottle No.	Туре	Site Number	Site Address	Time Collected	Free Cl ₂ Res.	Colony Read	Total Coli	E. Coli	Opinion	Lab Number
1	R	WL01512	WELL 1	3:40 PM	0		N	Ν	S	

Legend:

Sample Type: D=Distribution Sample, F=Finished Water, R=Raw Water Total Coliform and Escherichia coli: N=Negative, P=Positive Opinion: S=Satisfactory, US=Unsatisfactory, I=Invalid

****For Repeat Samples Only****:							
Person Notified:	Date:	Original Sample No.:	Site No.:	Original Collection Date:			

For Replacement/Invalid Samples or Preliminary Reports:						
Person Notified:	Date:	Reason for Replacement:				

Analysis Report Remarks:						
Reported by Analyst: Chris	tina Pierce	Date:	7/10/2024			
Laboratory Certification No.:	17525	Laboratory Name:	Highland Park Wate	er Plant		
Laboratory Phone No.:	847-433-4355	IEPA After Hours Emer	gency Response:	1-800-782-7860		