

Feb 05 '02 13:59 No. 002 P.04

NEW YORK CITY DEPARTMENT OF HEALTH - BUREAU OF PUBLIC HEALTH ENGINEERING
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REQUEST FOR BACTERIOLOGICAL ANALYSIS

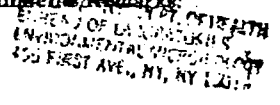
SAMPLING FOR ☐ PUBLIC WATER SUPPLY ☐ BOTTLED WATER ☐ BEACH WATER ☐ POOL WATER ☐ WELL WATER ☒ WASTE WATER ☐ OTHER _____

CHAIN-OF-CUSTODY RECORD

Name of Sampling Location <u>RIGHT</u>	Location Address <u>W.T.C.</u>	Sampling Source: <u>POND</u>	Date/Time Sample Taken: <u>1/28/02</u> <u>11:30</u>	Sample ID #: <u>M35</u>
<u>GROUND ZERO</u>	Borough, Zip <u>GROUND ZERO</u>	Public Health Sanitarian: <u>MAHADEV SIRJU GSI</u>	Water Run No: <u>N/A</u>	SAMPLE PREPARATION: Stored @ 4°C ☐ Yes ☒ No Tap: ☐ Flamed ☒ Not Flamed
Field Comments/Remarks:		FIELD TESTING: Chlorine Residual (ppm): <u>—</u> pH: <u>—</u> Sample Temp (°C/°F): <u>—</u>		
Received by Bureau of Labs [455 First Avenue, NY, NY 10016 Tel: (212) 447-6811] Date: <u>1/29/02</u> Time: <u>1:00pm</u> Sample Temp (°C): <u>NO TEMP CONTRA</u> Name: <u>R. Food</u> Signature: 				

SAMPLING ANALYSES

LAB NO: 100

	MULTIPLE TUBE DILUTIONS (MPN)												MEMBRANE FILTER COUNT (MF)								
	1 ML			0.1 ML			0.01 ML			0.001 ML			QUANTITY FILTERED	TOTAL COLIFORM	FECAL COLIFORM	OTHER					
	LT	BG	EC	LT	BG	EC	LT	BG	EC	LT	BG	EC									
	24	48	24	48	24	24	48	24	48	24	24	48	24	24	48	24	24				
1	0	+	0	0	0	0	0				0	0					0	0			
2	0	+	0	0	0	0	0				0	0					0	0			
3	0	+	0	0	0	0	0				0	0					0	0			
4	0	+	0	0	0	0	0				0	0					0	0			
5	0	+	0	0	0	0	0				0	0					0	0			
				0	0				0	0							0	0			
Coliform Count (MPN or MF/100ml)						Fecal Coliform Count (MPN or MF/100ml)						Standard Plate Count (/ml)									
<u><20</u>						<u><20</u>															
Date/Time Analyzed:		Date/Time Reported:		Bacteriology(s):		Lab Comments/Remarks:															
<u>1/29/02</u>		<u>FEB - 1 2002</u>																			
<u>2:00pm</u>																					

PHE 102 (2/99)

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