

Apr 05 '02 12:35 No.001 P.13

NEW YORK CITY DEPARTMENT OF HEALTH - BUREAU OF PUBLIC HEALTH ENGINEERING
 2 LAFAYETTE STREET, 21ST FL., NEW YORK, N.Y. 10007
 TEL: (212) 676-1520 Fax: (212) 676-1517

REQUEST FOR BACTERIOLOGICAL ANALYSIS

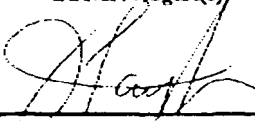
SAMPLING FOR ☐ PUBLIC WATER SUPPLY ☐ BOTTLED WATER ☐ BEACH WATER ☐ POOL WATER ☐ WELL WATER ☒ WASTE WATER ☐ OTHER _____

CHAIN-OF-CUSTODY RECORD

Name of Sampling Location W.T.C	Location Address GROUND ZERO	Sampling Source WASTE WATER	Date/Time Sample Taken 4/1/02 11:30	Sample ID # M165
Public Health Sanitarian MAHADEO SIKILI 681	City MANHATTAN	Water Run No. N/A	SAMPLE PREPARATION Stored @ 4°C ☐ Yes ☒ No Tap ☐ Flamed ☒ Not Flamed	FIELD TESTING Chlorine Residual (ppm) _____ pH _____ Sample Temp (°C/°F) _____
Complaint (CC#): N/A				
Field Comments/Remarks				
Received by Bureau of Labs [455 First Avenue, NY, NY 10016 Tel: (212) 443-6811] Date: 4-1-02 Time: 1:00pm Sample Temp (°C): NO TEMP CONTROL Name: R. Fodor Signature: 				

SAMPLING ANALYSES

LAB NO: **0371**

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	48	24	24	48	24	48	24								
1	0	0			0	0				0	0				0	0											
2	0	0			0	0				0	0				0	0											
3	0	0			0	0				0	0				0	0											
4	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) < 20 4/2										Fecal Coliform Count (MPN or MF/100ml) < 20 4/2										Standard Plate Count (/ml)							
Date/Time Analyzed: 4-1-02 1:00pm		Date/Time Reported: APR 05 2002		Bacteriologist(s): 		Lab Comments/Remarks: TESTED BY NYC DEPT. OF HEALTH BUREAU OF LABORATORIES ENVIRONMENTAL HYGIENE 455 FIRST AVE., NY, NY 10016																					

PHE 102 (2-99)