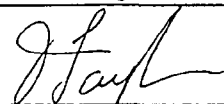


NEW YORK CITY DEPARTMENT OF HEALTH - BUREAU OF PUBLIC HEALTH ENGINEERING
2 LAFAYETTE STREET, 11TH FL., NEW YORK, N.Y. 10007
TEL: (212) 676-1520 Fax: (212) 676-1517

REQUEST FOR BACTERIOLOGICAL ANALYSIS

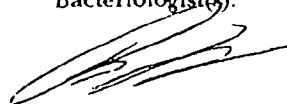
SAMPLING FOR ☐ PUBLIC WATER SUPPLY ☐ BOTTLED WATER ☐ BEACH WATER ☐ POOL WATER ☐ WELL WATER ☒ WASTE WATER ☐ OTHER _____

CHAIN-OF-CUSTODY RECORD

Name of Sampling Location: W.T.C.	Location Address: GROUND ZERO Borough, Zip MANHATTAN	Sampling Source: WASTE WATER	Date/Time Sample Taken: 2/13/02 12:30	Sample I.D. #: FU15
Public Health Sanitarian: MAHADEO SIRJU	ID: 681 Water Run No: N/A Complaint (CC#): N/A	SAMPLE PREPARATION: Stored @ 4°C: ☐ Yes ☒ No FIELD TESTING: Chlorine Residual (ppm): — pH: — Sample Temp (°C/°F): —		
Field Comments/Remarks: SAMPLE TAKEN FROM AREA OF BUILDING 6 AT SOUTH END.				
Received by Bureau of Labs [455 First Avenue, NY, NY 10016 Tel: (212) 447-6811] Date: 2-13-02 Time: 2:15 pm Sample Temp (°C): no temp control Name: J. TAYLOR Signature: 				

SAMPLING ANALYSES

LAB NO: **182**

MULTIPLE TUBE DILUTIONS (MPN)																		MEMBRANE FILTER COUNT (MF)					
	1 ML						0.1 ML						0.01 ML						QUANTITY FILTERED	TOTAL COLIFORM	FECAL COLIFORM	OTHER	
	LT		BG		EC		LT		BG		EC		LT		BG		EC						
	24	48	24	48	24	48	24	48	24	48	24	48	24	48	24	48	24	48	24				
1	0	+		0	0	0	0				0	0				0	0						
2	0	+		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	0			
Coliform Count (MPN) or MF/100ml <20										Fecal Coliform Count (MPN) or MF/100ml <20										Standard Plate Count (/ml)			
Date/Time Analyzed: 2-13-02 2:15 pm		Date/Time Reported: FEB 19 2002				Bacteriologist(s): 				Lab Comments/Remarks: 