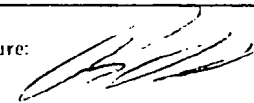


NEW YORK CITY DEPARTMENT OF HEALTH - BUREAU OF PUBLIC HEALTH ENGINEERING
2 LAFAYETTE STREET, 11TH FL., NEW YORK, N.Y. 10007
TEL: (212) 676-1520 Fax: (212) 676-1517

REQUEST FOR BACTERIOLOGICAL ANALYSIS

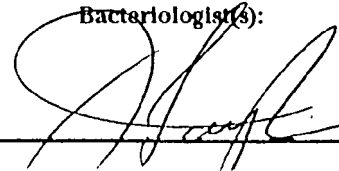
SAMPLING FOR ☒ PUBLIC WATER SUPPLY ☐ BOTTLED WATER ☐ BEACH WATER ☐ POOL WATER ☐ WELL WATER ☐ WASTE WATER ☐ OTHER _____

CHAIN-OF-CUSTODY RECORD

Name of Sampling Location: HYDRANT	Location Address: PARK ROW CITY HALL Borough, Zip MANH, 10007	Sampling Source:	Date/Time Sample Taken: 9/14/01 - 11:15	Sample I.D. #: JL02PHE
Public Health Sanitarian: J. WKE	ID:	Water Run No: Complaint (CC#): SP	SAMPLE PREPARATION: Stored @ 4°C: ☒ Yes ☐ No Tap: ☐ Flamed ☒ Not Flamed	FIELD TESTING: Chlorine Residual (ppm): 0.5 pH: Sample Temp (°C/°F): 5.5
Field Comments/Remarks:				
Received by Bureau of Labs [455 First Avenue, NY, NY 10016 Tel: (212) 447-6811] Date: 9/14/01 Time: 12:15pm Sample Temp (°C): 5.5° Name: R. Fodor Signature: 				

SAMPLING ANALYSES

LAB NO: **2699**

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	E.coli, 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																					100ml	N	N	N
2																								
3																								
4																								
5																								
Coliform Count (MPN or MF/100ml) Absent										Fecal Coliform Count (MPN or MF/100ml) Absent										Standard Plate Count (/ml) < 1				
Date/Time Analyzed: 9/14/01 2:00pm		Date/Time Reported: SEP 17 2001				Bacteriologist(s): 				Lab Comments/Remarks: NEW YORK CITY DEPT. OF HEALTH BUREAU OF LABORATORIES ENVIRONMENTAL MICROBIOLOGY 455 FIRST AVE., NY, NY 10016														

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