

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: WTC	Location Address: GROUND ZERO Borough, Zip MANHATTAN	Sampling Source: WASTE WATER	Date/Time Sample Taken: 4/29/02 11:30	Sample I.D. #: M45
Public Health Sanitarian: MANADEC SIRTU 681	ID: 681	Water Run No: N/A Complaint (CC#): N/A	SAMPLE PREPARATION: Stored @ 4°C: ☐ Yes ☒ No Tap: ☐ Flamed ☒ Not Flamed FIELD TESTING: Chlorine Residual (ppm): _____ pH: _____ Sample Temp (°C/°F): _____	
Field Comments/Remarks:				
Received by Bureau of Labs (455 First Avenue, NY, NY 10016 Tel: (212) 447-6811) Date: 4-29-02 Time: 1:30pm Sample Temp (°C): _____ Name: J. TAYLOR Signature: <i>[Signature]</i>				

SAMPLING ANALYSES

LAB NO: **541**

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												
2	+	+		0	+	+		0	0						0												
3	+	+		0	+	+		0	0						0												
4	+	+		0	+	+		0	+	0	+	0			0												
5	+	+		0	+	+		0	+	4		0			0												
				5	0					5	0					2	0					0	0				
Coliform Count (MPN or MF/100ml) 5,000										Fecal Coliform Count (MPN or MF/100ml) 20										Standard Plate Count (/ml)							
Date/Time Analyzed: 4-29-02 1:30pm					Date/Time Reported: MAY 3 2002					Bacteriologist(s): <i>[Signature]</i>					Lab Comments/Remarks: TESTED FOR COLIFORMS, BACTERIA, AND FUNGI BY STANDARD PLATE METHOD. RESULTS REPORTED BY FIRST AVE., NY, NY 10016												

PHE 102 (2/99)