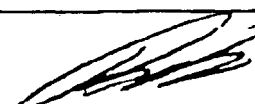


NEW YORK CITY DEPARTMENT OF HEALTH - BUREAU OF PUBLIC HEALTH ENGINEERING  
 2 LAFAYETTE STREET, 11TH FL., NEW YORK, N.Y. 10007  
 TEL: (212) 676-1520 Fax: (212) 676-1517

## 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<br><b>W.T.C.</b>                                                                                                                                                                                                                                             | Location Address: <b>GROUND ZERO</b><br>Borough, Zip: <b>MANHATTAN</b> | Sampling Source:<br><b>NASTF WATER</b>                  | Date/Time Sample Taken:<br><b>3/18/02 12:00</b>                                                                                                                                                                                                                                          | Sample I.D. #:<br><b>M35</b> |
| Public Health Sanitarian<br><b>MAHARAO SIRJU</b>                                                                                                                                                                                                                                       | II:<br><b>681</b>                                                      | Water Run No: <b>N/A</b><br>Complaint (CC#): <b>N/A</b> | SAMPLE PREPARATION: Stored @ 4°C: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tap: <input type="checkbox"/> Flamed <input checked="" type="checkbox"/> Not Flamed<br>FIELD TESTING: Chlorine Residual (ppm): <b>—</b> pH: <b>—</b> Sample Temp (°C/°F): <b>—</b> |                              |
| Field Comments/Remarks:                                                                                                                                                                                                                                                                |                                                                        |                                                         |                                                                                                                                                                                                                                                                                          |                              |
| Received by Bureau of Labs (455 First Avenue, NY, NY 10016 Tel: (212) 447-6811)<br>Date: <b>3/18/02</b> Time: <b>1:15pm</b> Sample Temp (°C): <b>NO TEMP CONTR</b> Name: <b>R. Food</b> Signature:  |                                                                        |                                                         |                                                                                                                                                                                                                                                                                          |                              |

## SAMPLING ANALYSES

LAB NO: **0314**

| MULTIPLE TUBE DILUTIONS (MPN)                     |    |    |    |    |    |                                           |    |    |    |                                                         |    |                                                                                                            |    |    |    |    |    | MEMBRANE FILTER COUNT (MF)                                                                                                                                                      |    |                            |                |                |       |
|---------------------------------------------------|----|----|----|----|----|-------------------------------------------|----|----|----|---------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------|----|----|----|----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------|----------------|----------------|-------|
| 1 ML                                              |    |    |    |    |    | 0.1 ML                                    |    |    |    |                                                         |    | 0.01 ML                                                                                                    |    |    |    |    |    |                                                                                                                                                                                 |    |                            |                |                |       |
| LT                                                |    | BG |    | EC | LT |                                           | BG |    | EC | LT                                                      |    | BG                                                                                                         |    | EC | LT |    | BG |                                                                                                                                                                                 | EC | QUANTITY FILTERED          | TOTAL COLIFORM | FECAL COLIFORM | OTHER |
| 24                                                | 48 | 24 | 48 | 24 | 24 | 48                                        | 24 | 48 | 24 | 24                                                      | 48 | 24                                                                                                         | 48 | 24 | 24 | 48 | 24 | 48                                                                                                                                                                              | 24 |                            |                |                |       |
| 1                                                 | ○  | ○  |    |    |    | ○                                         | ○  |    |    |                                                         | ○  | ○                                                                                                          |    |    |    | ○  | ○  |                                                                                                                                                                                 |    |                            |                |                |       |
| 2                                                 | ○  | ○  |    |    |    | ○                                         | ○  |    |    |                                                         | ○  | ○                                                                                                          |    |    |    | ○  | ○  |                                                                                                                                                                                 |    |                            |                |                |       |
| 3                                                 | ○  | ○  |    |    |    | ○                                         | ○  |    |    |                                                         | ○  | ○                                                                                                          |    |    |    | ○  | ○  |                                                                                                                                                                                 |    |                            |                |                |       |
| 4                                                 | ○  | ○  |    |    |    | ○                                         | ○  |    |    |                                                         | ○  | ○                                                                                                          |    |    |    | ○  | ○  |                                                                                                                                                                                 |    |                            |                |                |       |
| 5                                                 | ○  | ○  |    |    |    | ○                                         | ○  |    |    |                                                         | ○  | ○                                                                                                          |    |    |    | ○  | ○  |                                                                                                                                                                                 |    |                            |                |                |       |
| Coliform Count (MPN or MF/100ml)<br><b>&lt;20</b> |    |    |    |    |    |                                           |    |    |    | Fecal Coliform Count (MPN or MF/100ml)<br><b>&lt;20</b> |    |                                                                                                            |    |    |    |    |    |                                                                                                                                                                                 |    | Standard Plate Count (/ml) |                |                |       |
| Date/Time Analyzed:<br><b>3/18/02 2:30pm</b>      |    |    |    |    |    | Date/Time Reported:<br><b>MAR 20 2002</b> |    |    |    |                                                         |    | Bacteriologist(s):<br> |    |    |    |    |    | Lab Comments/Remarks:<br>NEW YORK CITY DEPT. OF HEALTH<br>BUREAU OF LABORATORIES<br>2 LAFAYETTE STREET, 11TH FL., NEW YORK, NY 10007<br>TEL: (212) 676-1520 FAX: (212) 676-1517 |    |                            |                |                |       |

PHE 102 (2/99)

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