

NEW YORK CITY DEPARTMENT OF HEALTH - BUREAU OF PUBLIC HEALTH ENGINEERING
 114 WEST STREET, 11TH FL., NEW YORK, NY 10007
 TEL: (212) 676-1520 Fax: (212) 676-1517

REQUEST FOR BACTERIOLOGICAL ANALYSIS

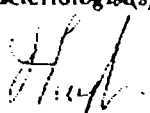
SAMPLING FOR ☐ PUBLIC WATER SUPPLY ☐ BOTTLED WATER ☐ BEACH WATER ☐ POOL WATER ☐ WELL WATER ☐ WASTE WATER ☐ OTHER _____

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 3/19/02 12:00	Sample ID # T25
Public Health Sanitation MANH00EG SIFJO	ID 681	Water Run No. N/A	Complaint (CCR) 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 East Avenue, NY, NY 10016 Tel: (212) 447-6811) Date 3/19/02 Time 1:15PM Sample Temp (°C) NO TEMP CONTRA Name R. Fodor Signature 					

SAMPLING ANALYSES

LAB NO: 0325

	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								
2	+		+		0	0	+	+		0	0	+	+		0	0	0								
3	0	+	+		0	0	+	+		0	0	0				0	0								
4	+		+		0	0	0				0	0				0	0								
5	+		+		0	+		+		0	0	0				0	+	0	+	0					
					5	0				4	0					1	0				1	0			
Coliform Count (MPN or MF/100ml) 1700										Fecal Coliform Count (MPN or MF/100ml) 220										Standard Plate Count (/ml)					
Date/Time Analyzed: 3/19/02 3:00pm		Date/Time Reported: MAR 25 2002		Bacteriologist(s): 		Lab Comments/Remarks: EC MUG USED FOR POSSIBLE E. coli DETERMINATION																			

DHE 102 (2/99)

CITY_21MC100_008971093

TEL:

Mar 25 '02 11:46 No.001 P.04