

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: WTC	Location Address: ELLING ZERU Borough, Zip MANHATTAN	Sampling Source: WASTE WATER	Date/Time Sample Taken: 4/29/02 11:30	Sample I.D. #: M55
Public Health Sanitarian: MANABCO SIKTU	ID: 651 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:

Received by Bureau of Labs (455 First Avenue, NY, NY 10016 Tel: (212) 447-6811)

Date: **4-29-02** Time: **1:30 pm** Sample Temp (°C): **No temp checked** Name: **J. TAYLOR** Signature: *[Signature]*

SAMPLING ANALYSES

LAB NO: **595**

MULTIPLE TUBE DILUTIONS (MPN)																				MEMBRANE FILTER COUNT (MF)				
1 ML					0.1 ML					0.01 ML					0.001 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		+	+		+		+	+		+		○					○							
				5	5				5	4				2	2				0	0				

Coliform Count (MPN or MF/100ml) **5,000** Fecal Coliform Count (MPN or MF/100ml) **2,200** Standard Plate Count (/ml)

Date/Time Analyzed: **4-29-02 1:30 pm** Date/Time Reported: **MAY - 2 2002** Bacteriologist(s): *[Signature]* Lab Comments/Remarks: **DEPT. OF HEALTH
BUREAU OF LABORATORIES
11TH FLOOR, 2 LAFAYETTE ST.
NEW YORK, NY 10007**

PHE 102 (2/99)