

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

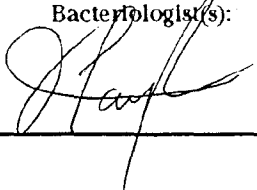
SAMPLING FOR ☐ PUBLIC WATER SUPPLY ☐ BOTTLED WATER ☐ BEACH WATER ☐ POOL WATER ☐ WELL WATER ☒ WASTE WATER ☐ OTHER \_\_\_\_\_

## CHAIN-OF-CUSTODY RECORD

|                                                                                                                                                                                                                                                                                            |                                                                       |                                                         |                                                                                                                                                             |                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Name of Sampling Location:<br><b>WTC GROUND ZERO</b>                                                                                                                                                                                                                                       | Location Address: <b>GROUND ZERO</b><br>Borough, Zip <b>MANHATTAN</b> | Sampling Source:<br><b>WASTE WATER</b>                  | Date/Time Sample Taken:<br><b>2/7/02 13:30</b>                                                                                                              | Sample I.D. #:<br><b>TH35</b>                                                                                                      |
| Public Health Sanitarian:<br><b>MAHADEO SIRTHY</b>                                                                                                                                                                                                                                         | ID: <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<br>FIELD TESTING: Chlorine Residual (ppm): <b>0.0</b> | Tap: <input type="checkbox"/> Flamed <input checked="" type="checkbox"/> Not Flamed<br>pH: <b>6.5</b> Sample Temp (°C/F) <b>55</b> |
| Field Comments/Remarks:<br><b>SAMPLE TAKEN FROM NORTH END OF LAKE</b>                                                                                                                                                                                                                      |                                                                       |                                                         |                                                                                                                                                             |                                                                                                                                    |
| Received by Bureau of Labs (455 First Avenue, NY, NY 10016 Tel: (212) 447-6811)<br>Date: <b>2-7-02</b> Time: <b>2:15pm</b> Sample Temp (°C): <b>NOT TEMP CONTROL</b> Name: <b>J. TAYLOR</b> Signature:  |                                                                       |                                                         |                                                                                                                                                             |                                                                                                                                    |

## SAMPLING ANALYSES

LAB NO: **163**

| 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  |  |  |                   |                |                |       |
|                                                                                                                                        | 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  | 0  |          |                            |                            |     |  |  |                   |                |                |       |
| 2                                                                                                                                      | 0  | 0                                         |    |                                                                                                            |     | 0                                                                                                                                                        | 0  |    |    |                                                                                                                                                | 0  | 0       |    |    |     | 0  | 0  |          |                            |                            |     |  |  |                   |                |                |       |
| 3                                                                                                                                      | 0  | 0                                         |    |                                                                                                            |     | 0                                                                                                                                                        | 0  |    |    |                                                                                                                                                | 0  | 0       |    |    |     | 0  | 0  |          |                            |                            |     |  |  |                   |                |                |       |
| 4                                                                                                                                      | 0  | 0                                         |    |                                                                                                            |     | 0                                                                                                                                                        | 0  |    |    |                                                                                                                                                | 0  | 0       |    |    |     | 0  | 0  |          |                            |                            |     |  |  |                   |                |                |       |
| 5                                                                                                                                      | 0  | 0                                         |    |                                                                                                            |     | 0                                                                                                                                                        | 0  |    |    |                                                                                                                                                | 0  | 0       |    |    |     | 0  | 0  |          |                            |                            |     |  |  |                   |                |                |       |
|                                                                                                                                        |    |                                           |    |                                                                                                            | 0 0 |                                                                                                                                                          |    |    |    |                                                                                                                                                |    |         |    |    | 0 0 |    |    |          |                            |                            | 0 0 |  |  |                   |                |                |       |
| 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>2-7-02 2:15pm</b>                                                                                            |    | Date/Time Reported:<br><b>FEB 11 2002</b> |    | Bacteriologist(s):<br> |     | Lab Comments/Remarks:<br><b>TESTED BY NYC DEPT. OF HEALTH<br/>BUREAU OF LABORATORIES<br/>ENVIRONMENTAL MICROBIOLOGY<br/>455 FIRST AVE., NY, NY 10016</b> |    |    |    |                                                                                                                                                |    |         |    |    |     |    |    |          |                            |                            |     |  |  |                   |                |                |       |

PHE 102 (2/99)

CITY\_21MC100\_007210161