NYC 9/11 Public Portal Document

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:	Location Address:	Sampling Source:	Date/Time Sample Taken:	Sample I.D. #:
W.T.C.	GROUND ZERO Borough, Zip MANHATTAN	WASTE WATER	2/13/02 12:30	W4S

Public Health Sanitarian:	ID:	Water Run No: N/A	SAMPLE PREPARATION: Stored @ 4°C: ☐ *Yes* ☒ *No*	Tap: ☐ *Flamed* ☒ *Not Flamed*
MAHADEO SIRTH	681	Complaint (CC#): N/A	FIELD TESTING: Chlorine Residual (ppm): —	pH: — Sample Temp (°C/°F): —

Field Comments/Remarks: SAMPLE TAKEN FROM NORTH AREA NEAR RAMP FOOTING.

Received by Bureau of Labs [455 First Avenue, NY, NY 10016 Tel: (212) 447-6811]				
Date:	Time:	Sample Temp (°C):	Name:	Signature:
2-13-02	2:15 pm	No temp control	J. TAYLOR	J Taylor

SAMPLING ANALYSES LAB NO: 184

	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	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	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	0				0	0				

Coliform Count (MPN) or MF/100ml) <20

Fecal Coliform Count (MPN) or MF/100ml) <20

Standard Plate Count (/ml)

Date/Time Analyzed:	Date/Time Reported:	Bacteriologist(s):	Lab Comments/Remarks:
2-13-02 2:15 pm	FEB 19 2002		TESTED BY NYC DEPT. OF HEALTH BUREAU OF LABORATORIES ENVIRONMENTAL MICROBIOLOGY 455 FIRST AVE., NY, NY 10016

PHE 102 (2/99)

CITY_21MC100_007210187

NYC-WTC_000357185