



**NYC Department of Health
and Mental Hygiene
Office of Public Health Engineering**
2 Lafayette Street, 11th floor New York, NY 10007
Tel.(212) 676-1520 Fax (212) 676-1517

July 23, 2008

Ms. Ching See Chan
York College
94-20 Guy Brewer Blvd.,
Queens, N.Y., 11451

RE: Drinking Water Quality Complaint, Complaint # DEP1624951

Dear Ms. Chan,

In response to your request, a public health sanitarian from the NYC Department of Health and Mental Hygiene's Office of Public Health Engineering (OPHE) visited York College and sampled the drinking water on June 4th 2008. The water was tested at NYC DOHMH Bureau of Laboratories to determine if the drinking water complied with standards given in New York State Sanitary Code Sections 5-1.41 and 5-1.51.

The results of laboratory analyses indicated that the water was of safe sanitary quality, and was in full compliance with the above referenced standards for the parameters tested at the time of the sampling.

If you have any questions, you may contact this office at 212-676-1520.

Sincerely,

James A. Luke, P.E.
Chief Engineer, OPHE

CC: Allen Aigen, Associate PHS II
Imtiaz Mohammed, Associate PHS I

REQUEST FOR WATER ANALYSIS

Chemical Parameters

Submitted by
 New York City Department of Health
 Office of Public Health Engineering
 2 Lafayette Street, 11th Fl., CN 56
 New York, New York 10007
 Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

- Public Water Supply
- Bathing Beach
- Well
- Bottled Water
- Pool
- Other

Collector/ID# B. Hernandez / 783	Sample Location Name YORK College CHILD CARE CTR	Surveillance Site ID# Complaint, CC# DEP 1624951
Date/Time Sample Taken 06/04/08 - 11:45	Address 94-20 67th Avenue, Boro.	
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro QN Zip Code 11451	
Chlorine Residual (ppm) .3	Field Observation SLIP SINK	
pH 7.0 Sample Temp (°C) 61		

Chain-of-Custody: Received by Environmental Science Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6188

Date _____ Time _____ Sample Temp (°C) _____ Signature _____

METALS	
SAMPLE ID 00024756	LAB ID 06/04/08
<i>Request for Analysis</i>	
<input checked="" type="checkbox"/> Metals I (ppb)	<input type="checkbox"/> Metals II (ppb)
Cadmium _____	Antimony _____
Chromium _____	Arsenic _____
Copper _____	Barium _____
Lead _____	Beryllium _____
Iron _____	Manganese _____
Zinc _____	Mercury _____
	Selenium _____
<input type="checkbox"/> Lead and Copper Rule (ppb)	Silver _____
Lead _____	Sodium _____
Copper _____	Thallium _____

VOLATILE ORGANICS	
SAMPLE ID 00024755	LAB ID
<i>Request for Analysis</i>	
<input checked="" type="checkbox"/> TTHM s (ppb)	
Chloroform _____	36.15
Chlorodibromomethane _____	N/D
Bromodichloromethane _____	48.10
Bromoform _____	N/D
<input type="checkbox"/> Haloacetic Acids (ppb)	N/T
<input type="checkbox"/> MTBE (ppb)	N/D
<input checked="" type="checkbox"/> Volatile Organic Chemicals (ppb)	
Benzene _____	N/D
Toluene _____	N/A
Dichlorodifluoromethane _____	N/D
1,1-Dichloroethane _____	N/D
1,2-Dichloroethane _____	N/D
2,2 Dichloropropane _____	N/D
Trans-1,2-Dichloroethene _____	N/D
1,1,1 Trichloroethane _____	N/D
Trichloroethylene _____	N/D
Tetrachloroethylene _____	N/D
Other _____	N/D

OTHERS	
SAMPLE ID	LAB ID
<i>Request for Analysis</i>	
<input type="checkbox"/> _____	
<input type="checkbox"/> WT	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	

Sample Tested By _____ Signature **M. Khan** Date/Time Analyzed **6/5/08** Date Reported _____ Comments **K. E. ...**

REQUEST FOR WATER ANALYSIS

Chemical Parameters

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 New York City Department of Health
 Office of Public Health Engineering
 2 Lafayette Street, 11th Fl., CN 56
 New York, New York 10007
 Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

- Public Water Supply Bathing Beach Well
 Bottled Water Pool Other

Collector/ID# <i>B. Hernandez / 783</i>	Sample Location/Name <i>Park College / AC Bldg.</i>	Surveillance Site ID# <i>DEP 624951</i>
Date/Time Sample Taken <i>06/04/07 - 11:00</i>	Address <i>94-20 Guy Brewer Blvd.</i>	Complaint, CC#
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro <i>QN</i> Zip Code <i>11451</i>	
Chlorine Residual (ppm) <i>3</i>	Field Observation <i>Slop Sink at Lab Counter</i>	
pH <i>7.0</i> Sample Temp (°C) <i>060°</i>		

Chain-of-Custody: Received by Environmental Science Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6188

Date _____ Time _____ Sample Temp (°C) _____ Signature _____

METALS		VOLATILE ORGANICS		OTHERS	
SAMPLE ID	LAB ID	SAMPLE ID	LAB ID	SAMPLE ID	LAB ID
<i>00024752</i>	<i>16408</i>	<i>00024751</i>	<i>16408</i>		
<i>Request for Analysis</i>		<i>Request for Analysis</i>		<i>Request for Analysis</i>	
<input checked="" type="checkbox"/> Metals I (ppb)	<input type="checkbox"/> Metals II (ppb)	<input checked="" type="checkbox"/> TTHM s (ppb)		<input type="checkbox"/>	
Cadmium _____	Antimony _____	Chloroform <i>31.95</i>		<input type="checkbox"/>	
Chromium _____	Arsenic _____	Chlorodibromomethane <i>N/D</i>		<input type="checkbox"/>	
Copper _____	Barium _____	Bromodichloromethane <i>35.77</i>		<input type="checkbox"/>	
Lead _____	Beryllium _____	Bromoform <i>N/D</i>		<input type="checkbox"/>	
Iron _____	Manganese _____	<input type="checkbox"/> Haloacetic Acids (ppb) <i>N/D</i>		<input type="checkbox"/>	
Zinc _____	Mercury _____	<input type="checkbox"/> MTBE (ppb) <i>N/D</i>		<input type="checkbox"/>	
<input type="checkbox"/> Lead and Copper Rule (ppb)	Silver _____	<input checked="" type="checkbox"/> Volatile Organic Chemicals (ppb)			
Lead _____	Sodium _____	Benzene <i>N/D</i>			
Copper _____	Thallium _____	Toluene <i>N/D</i>			
		Dichlorodifluoromethane <i>N/D</i>			
		1,1-Dichloroethane <i>N/D</i>			
		1,1,1-Trichloroethane <i>N/D</i>			
		1,2-Dichloroethane <i>N/D</i>			
		2,2-Dichloropropane <i>N/D</i>			
		Trans-1,2-Dichloroethane <i>N/D</i>			
		Trichloroethylene <i>N/D</i>			
		Tetrachloroethylene <i>N/D</i>			
		Other <i>N/D</i>			

Sample Tested By _____

Signature *[Signature]* Date/Time Analyzed *6/5/07* Date Reported *6/10/07* Comments *[Signature]*

REQUEST FOR WATER ANALYSIS
Microbiology and Water Quality Parameters

Submitted by
 New York City Department of Health & Mental Hygiene
 Office of Public Health Engineering
 2 Lafayette Street, 11th Fl., CN 56
 New York, New York 10007
 Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

- Public Water Supply Bathing Beach Well
 Bottled Water Pool Other

Collector/ID# <i>B. HES 002/703</i>	Sample Location/Name <i>108K Collee/AC BLDG.</i>	Surveillance Site ID# Complaint, CC# <i>DEPT 16-24957</i>
Date/Time Sample Taken <i>6/11/08 - 11:00</i>	Address <i>94-20 100th Street</i>	
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro <i>QUN</i> Zip Code <i>11451</i>	
Chlorine Residual (ppm) <i>3</i>	Field Observation <i>cup sink at LAB 6005A</i>	
pH <i>7.0</i> Sample Temp (°C/°F) <i>20/68</i>		

Chain-of-Custody: Received by Public Health Laboratories, 455 First Avenue, New York, NY 10016

Date _____ Time _____ Sample Temp (°C) _____ Signature _____

MICROBIOLOGY		WATER QUALITY PARAMETERS		OTHERS	
SAMPLE ID <i>00024749</i>	LAB ID <i>6/11/08</i>	SAMPLE ID <i>00024750</i>	LAB ID	SAMPLE ID	LAB ID <i>16410</i>
Request for Analysis Environmental Micro. Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6811 <input checked="" type="checkbox"/> Coliform <input type="checkbox"/> Standard Plate Count Method: <input type="checkbox"/> MF <input type="checkbox"/> MPN Method: Pour Plate <input type="checkbox"/> Enterococci <input type="checkbox"/> Other _____ Method: <input type="checkbox"/> MF <input type="checkbox"/> MPN Report of Analysis Total Coliform _____ per 100 ml <input type="checkbox"/> N/A Fecal Coliform _____ per 100 ml <input type="checkbox"/> N/A E. coli _____ per 100 ml <input type="checkbox"/> N/A Std Plate Count _____ per 1 ml <input type="checkbox"/> N/A Enterococci _____ per 100 ml <input type="checkbox"/> N/A Other _____ Key: MF = Membrane Filter MPN = Most Probable Number P = Present (Positive) N/A = Not Applicable N = Not Present (Negative)		Request for Analysis Environmental Science Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6188 <input checked="" type="checkbox"/> Standard WQ Parameters <input checked="" type="checkbox"/> Nitrate (ppm) <i>0.355</i> Temp (°C) <i>25</i> <input type="checkbox"/> Nitrite (ppm) _____ pH <i>6.93</i> <input type="checkbox"/> Sulfate (ppm) <i>5.87</i> Turbidity (NTU) <i>1.53</i> <input type="checkbox"/> Other _____ Alkalinity (ppm) <i>11.62 as CaCO3</i> Conductivity (µS/cm) <i>82.34</i> TDS (ppm) <i>49</i> Phosphates (ppm) <i>0.826</i> Hardness (ppm) <i>17.36 as CaCO3</i> Fluoride (ppm) <i>1.03</i> Chloride (ppm) <i>11.0</i>		Request for Analysis By: _____ _____ _____ _____ _____	

Sample Tested By *R.S. SUTMA* Signature *[Signature]* Date/Time Analyzed _____
 Date Reported *6/11/08* Comments _____
E. Daniloff, Ph.D.

REQUEST FOR WATER ANALYSIS
Microbiology and Water Quality Parameters

Submitted by
 New York City Department of Health & Mental Hygiene
 Office of Public Health Engineering
 2 Lafayette Street, 11th Fl., CN 56
 New York, New York 10007
 Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

- Public Water Supply Bathing Beach Well
 Bottled Water Pool Other

Collector/ID# 17-16-0000-283	Sample Location/Name TAK College / HILDCAPE CR	Surveillance Site ID#
Date/Time Sample Taken 6/4/08 - 11:45	Address 94-20 64th Avenue Bldg.	Complaint, CC#
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro QN	Zip Code 14511
Chlorine Residual (ppm) 4	Field Observation LOG SINK	
pH 7.0	Sample Temp (°C/°F) 60/140	

Chain-of-Custody: Received by Public Health Laboratories, 455 First Avenue, New York, NY 10016

Date	Time	Sample Temp (°C)	Signature
			16409

MICROBIOLOGY

WATER QUALITY PARAMETERS

OTHERS

SAMPLE ID: 224753 LAB ID: 283

SAMPLE ID: 224754 LAB ID: 283

SAMPLE ID: LAB ID: OTHERS: 16409

Request for Analysis
 Environmental Micro. Laboratory, 455 First Avenue, New York, NY 10016
 Tel: (212) 447-6811

Request for Analysis
 Environmental Science Laboratory, 455 First Avenue, New York, NY 10016
 Tel: (212) 447-6188

Request for Analysis
 By:

- Coliform Standard Plate Count
 Method: MF MPN Method: Pour Plate
- Enterococci Other _____
 Method: MF MPN

- Standard WQ Parameters Nitrate (ppm) 0.349
- Temp (°C) 25 Nitrite (ppm) _____
- pH 6.98 Sulfate (ppm) 5.60
- Turbidity (NTU) 1.50 Other _____

- _____
- _____
- _____
- _____

Report of Analysis

Total Coliform _____ per 100 ml N/A

Fecal Coliform _____ per 100 ml N/A

E. coli _____ per 100 ml N/A

Std Plate Count _____ per 1 ml N/A

Enterococci _____ per 100 ml N/A

Other _____

Alkalinity (ppm) 12.00 as CaCO₃

Conductivity (µS/cm) 81.11

TDS (ppm) 52

Phosphates (ppm) 0.788

Hardness (ppm) 17.33 as CaCO₃

Fluoride (ppm) 1.07

Chloride (ppm) 11.25

Key: MF = Membrane Filter MPN = Most Probable Number
 P = Present (Positive) N/A = Not Applicable
 N = Not Present (Negative)

Sample Tested By: R.S. SA MA
 Signature: [Signature] Date/Time Analyzed:

E. Davidoff, Ph.D.
 Date Reported: 6/11/08 Comments:

REQUEST FOR WATER ANALYSIS

Chemical Parameters

Submitted by
 New York City Department of Health
 Office of Public Health Engineering
 2 Lafayette Street, 11th Fl., CN 56
 New York, New York 10007
 Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

- Public Water Supply Bathing Beach Well
 Bottled Water Pool Other

Collector/ID# <i>D. Hernandez / 783</i>	Sample Location Name <i>York College Child Care Ctr</i>	Surveillance Site ID# Complaint, CC# <i>DEP 624951</i>
Date/Time Sample Taken <i>06/04/08 - 11:45</i>	Address <i>94-20 67th Avenue Boro. QN</i>	Zip Code <i>11451</i>
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Field Observation <i>slip sink</i>	
Chlorine Residual (ppm) <i>.3</i>	pH <i>7.0</i> Sample Temp (°C/°F) <i>61°</i>	

Chain-of-Custody: Received by Environmental Science Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6188

Date _____ Time _____ Sample Temp (°C) _____ Signature _____

METALS		VOLATILE ORGANICS		OTHERS <i>10412</i>	
SAMPLE ID <i>00024754</i>	LAB ID	SAMPLE ID <i>00024755</i>	LAB ID	SAMPLE ID	LAB ID
<i>Request for Analysis</i>		<i>Request for Analysis</i>		<i>Request for Analysis</i>	
<input checked="" type="checkbox"/> Metals I (ppb)	<input type="checkbox"/> Metals II (ppb)	<input checked="" type="checkbox"/> TTHM s (ppb)		<input type="checkbox"/>	
Cadmium <i>< 2</i>	Antimony _____	Chloroform _____		<input type="checkbox"/>	
Chromium <i>< 10</i>	Arsenic _____	Chlorodibromomethane _____		<input type="checkbox"/>	
Copper <i>49.0</i>	Barium _____	Bromodichloromethane _____		<input type="checkbox"/>	
Lead <i>< 5</i>	Beryllium _____	Bromoform _____		<input type="checkbox"/>	
Iron <i>115</i>	Manganese _____	<input type="checkbox"/> Haloacetic Acids (ppb) _____		<input type="checkbox"/>	
Zinc <i>< 20</i>	Mercury _____	<input type="checkbox"/> MTBE (ppb) _____		<input type="checkbox"/>	
<input type="checkbox"/> Lead and Copper Rule (ppb)	Silver _____	<input checked="" type="checkbox"/> Volatile Organic Chemicals (ppb)			
Lead _____	Sodium _____	Benzene _____			
Copper _____	Thallium _____	Toluene _____			
		Dichlorodifluoromethane _____			
		1,1-Dichloroethane _____			
		1,1,1-Trichloroethane _____			
		Trichloroethylene _____			
		Tetrachloroethylene _____			
		Other _____			

Sample Tested By

Signature *K.E.*

Date/Time Analyzed

Date Reported *7/3/08*

Comments *K.E. Eng. m.*

REQUEST FOR WATER ANALYSIS
Chemical Parameters

Submitted by
New York City Department of Health
Office of Public Health Engineering
2 Lafayette Street, 11th Fl., CN 56
New York, New York 10007
Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

- Public Water Supply Bathing Beach Well
 Bottled Water Pool Other

Collector/ID# B. Hernandez / 783	Sample Location/Name YORK COLLEGE / AC Bldg.	Surveillance Site ID# Complaint, CC# DEP 624951
Date/Time Sample Taken 06/04/08 - 11:00	Address 94-20 Guy BREWER HWY.	
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro QN Zip Code 11451	
Chlorine Residual (ppm) .3	Field Observation SLIP SINK AT LAB COUNTER	
pH 7.0 Sample Temp (°C) 60°		

Chain-of-Custody: Received by Environmental Science Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6188

Date _____ Time _____ Sample Temp (°C) _____ Signature _____

METALS

SAMPLE ID **00024752** LAB ID _____

Request for Analysis

- Metals I (ppb) Metals II (ppb)
- Cadmium **< 2** Antimony _____
Chromium **< 10** Arsenic _____
Copper **49.0** Barium _____
Lead **< 5** Beryllium _____
Iron **77.5** Manganese _____
Zinc **< 20** Mercury _____
Selenium _____
Silver _____
Sodium _____
Thallium _____
- Lead and Copper Rule (ppb)
- Lead _____
Copper _____

VOLATILE ORGANICS

SAMPLE ID **00024751** LAB ID _____

Request for Analysis

- TTHM's (ppb)
- Chloroform _____
Chlorodibromomethane _____
Bromodichloromethane _____
Bromoform _____
- Haloacetic Acids (ppb)
- MTBE (ppb)
- Volatile Organic Chemicals (ppb)
- Benzene _____
Toluene _____
Dichlorodifluoromethane _____
1,1-Dichloroethane _____
cis-1,2-Dichloroethene _____
2,2 Dichloropropane _____
Trans-1,2-Dichloroethene _____
1,1,1 Trichloroethane _____
Trichloroethylene _____
Tetrachloroethylene _____
Other _____

OTHERS

SAMPLE ID _____ LAB ID **164/11**

Request for Analysis

- _____

Sample Tested By _____

Signature **K. E.**

Date/Time Analyzed _____

Date Reported **7/3/08**

Comments **K. E. Eng m.**

REQUEST FOR WATER ANALYSIS

Microbiology and Water Quality Parameters

Submitted by

New York City Department of Health & Mental Hygiene

Office of Public Health Engineering

2 Lafayette Street, 11th Fl., CN 56

New York, New York 10007

Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

Public Water Supply

Bathing Beach

Well

Bottled Water


Pool

Other

Collector ID# B. FERNANDEZ / 183	Sample Location Name York College Child Care Ctr	Surveillance Site ID# DEP1624951
Date/Time Sample Taken 06/04/08 - 11:45	Address 94-20 Guy Brewer Blvd	
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro QN Zip Code 11451	
Chlorine Residual (ppm) .4	Field Observation Stop Sink	
pH 7.0 Sample Temp (°C/°F) 061°		

Chain-of-Custody: Received by Public Health Laboratories, 455 First Avenue, New York, NY 10016

Date **06/04/08** Time **2:00pm** Sample Temp (°C) **7**

Signature 

MICROBIOLOGY		WATER QUALITY PARAMETERS		OTHERS	
SAMPLE ID	LAB ID	SAMPLE ID	LAB ID	SAMPLE ID	LAB ID
00024753	1399	00024754	1399		
Request for Analysis Environmental Micro. Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6811		Request for Analysis Environmental Science Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6188		Request for Analysis By: _____	
<input checked="" type="checkbox"/> Coliform Method: <input checked="" type="checkbox"/> MF <input type="checkbox"/> MPN	<input checked="" type="checkbox"/> Standard Plate Count Method: Pour Plate	<input checked="" type="checkbox"/> Standard WQ Parameters	<input checked="" type="checkbox"/> Nitrate (ppm) _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Enterococci Method: <input type="checkbox"/> MF <input type="checkbox"/> MPN	<input type="checkbox"/> Other _____	Temp (°C) _____	<input type="checkbox"/> Nitrite (ppm) _____	<input type="checkbox"/> _____	
Report of Analysis		pH _____	<input type="checkbox"/> Sulfate (ppm) _____	<input type="checkbox"/> _____	
Total Coliform <u>N</u> per 100 ml <input type="checkbox"/> N/A		Turbidity (NTU) _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> _____	
Fecal Coliform <u>N</u> per 100 ml <input type="checkbox"/> N/A		Alkalinity (ppm) _____			
<i>E. coli</i> <u>N</u> per 100 ml <input type="checkbox"/> N/A		Conductivity (µS/cm) _____			
Std Plate Count <u>best</u> per 1 ml <input type="checkbox"/> N/A		TDS (ppm) _____			
Enterococci _____ per 100 ml <input type="checkbox"/> N/A		Phosphates (ppm) _____			
Other _____		Hardness (ppm) _____			
Key: MF = Membrane Filter MPN = Most Probable Number		Fluoride (ppm) _____			
P = Present (Positive) N/A = Not Applicable		Chloride (ppm) _____			
N = Not Present (Negative)					

Sample Tested By 

Signature

Date/Time Analyzed **06/04/08 3:00pm**

Date Reported **06/06/08**

Comments

REQUEST FOR WATER ANALYSIS

Microbiology and Water Quality Parameters

Submitted by

New York City Department of Health & Mental Hygiene

Office of Public Health Engineering

2 Lafayette Street, 11th Fl., CN 56

New York, New York 10007

Tel: (212) 676-1520 Fax: (212) 676-1517

Sample Source:

Public Water Supply

Bathing Beach

Well

Bottled Water

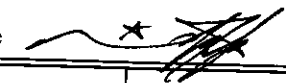
Pool

Other

Collector/ID# B. HERNANDEZ/783	Sample Location/Name YORK COLLEGE/AC BLDG.	Surveillance Site ID# Complaint, CC# DEP 1624957
Date/Time Sample Taken 06/04/08 - 11:00	Address 94-20 Guy Brewer BLVD	
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro QN Zip Code 11451	
Chlorine Residual (ppm) .3	Field Observation SLOP SINK AT LAB COVER	
pH 7.0 Sample Temp (°C/°F) 060°		

Chain-of-Custody: Received by Public Health Laboratories, 455 First Avenue, New York, NY 10016

Date **06/04/08** Time **2:00PM** Sample Temp (°C) **7**

Signature 

MICROBIOLOGY

WATER QUALITY PARAMETERS

OTHERS

SAMPLE ID **00024749** LAB ID **1398**

Request for Analysis
Environmental Micro. Laboratory, 455 First Avenue, New York, NY 10016
Tel: (212) 447-6811

Coliform

Method: MF MPN

Standard Plate Count

Method: Pour Plate

Enterococci

Method: MF MPN

Other _____

Report of Analysis

Total Coliform **N** per 100 ml N/A

Fecal Coliform **N** per 100 ml N/A

E. coli **N** per 100 ml N/A

Std Plate Count **< 108** per 1 ml N/A

Enterococci _____ per 100 ml N/A

Other _____

Key: MF = Membrane Filter MPN = Most Probable Number
P = Present (Positive) N/A = Not Applicable
N = Not Present (Negative)

SAMPLE ID _____ LAB ID _____

Request for Analysis
Environmental Science Laboratory, 455 First Avenue, New York, NY 10016
Tel: (212) 447-6188

Standard WQ Parameters

Nitrate (ppm) _____

Temp (°C) _____

Nitrite (ppm) _____

pH _____

Sulfate (ppm) _____

Turbidity (NTU) _____

Other _____

Alkalinity (ppm) _____

Conductivity (µS/cm) _____

TDS (ppm) _____

Phosphates (ppm) _____

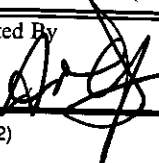
Hardness (ppm) _____

Fluoride (ppm) _____

Chloride (ppm) _____

SAMPLE ID _____ LAB ID _____

Request for Analysis
By: _____

Sample Tested By 

Signature

Date/Time Analyzed **06/04/08 3:00PM**

Date Reported **6/5/08**

Comments