

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/0783	Sample Location/Name YORK COLLEGE AC Bldg.	Surveillance Site ID: Complaint, CC#
Date/Time Sample Taken 06/18/09 - 09:30	Address 94-20 QY HERRING BLVD	HEC06/209IM1
Sample Type <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Resample	Boro QN Zip Code 11451	
Chlorine Residual (ppm) .4	Field Observation 1 E27 ROOM SINK	
pH 7.1 Sample Temp (°C/F) 61°		

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

Date 06/18/09 Time 4:00 P.M. Sample Temp (°C) 6°C Signature 

MICROBIOLOGY		WATER QUALITY PARAMETERS		OTHERS	
SAMPLE ID	LAB ID	SAMPLE ID	LAB ID	SAMPLE ID	LAB ID
00031315	1662				
Request for Analysis Environmental Micro. Laboratory, 455 First Avenue, New York, NY 10016 Tel: (212) 447-6811 <input checked="" type="checkbox"/> Coliform <input checked="" type="checkbox"/> Standard Plate Count Method: <input checked="" 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 <u>N</u> per 100 ml <input type="checkbox"/> N/A Fecal Coliform <u>N</u> per 100 ml <input type="checkbox"/> N/A E.coli <u>N</u> per 100 ml <input type="checkbox"/> N/A Std Plate Count <u>2 ed.</u> 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 type="checkbox"/> Standard WQ Parameters <input type="checkbox"/> Nitrate (ppm) _____ Temp (°C) _____ <input type="checkbox"/> Nitrite (ppm) _____ pH _____ <input type="checkbox"/> Sulfate (ppm) _____ Turbidity (NTU) _____ <input type="checkbox"/> Other _____ Alkalinity (ppm) _____ Conductivity (µS/cm) _____ TDS (ppm) _____ Phosphates (ppm) _____ Hardness (ppm) _____ Fluoride (ppm) _____ Chloride (ppm) _____		Request for Analysis By: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

Sample Tested By _____
 Signature  Date/Time Analyzed 06/18/09 4:00 P.M. Date Reported 06/22/09 Comments _____