

City of San Juan Bautista **DDW** 311 2nd St. San Juan Bautista, CA 95045

4 Justin Court Suite D, Monterey, CA 93940 831.375.MBAS (6227) www.MBASinc.com **ELAP Certification Number: 2385**

David Holland, Laboratory Director

Friday, November 09, 2018

Lab Number: 181102 02-01

Collection Date/Time: 11/1/2018 17:40 Sample Collector: Gonzales, D Client Sample #:

Submittal Date/Time: 11/2/2018 9:42 Sample ID: 3510002 Coliform Designation: Routine

| Saı | mple Description: | City of San Jua | n Bautis | ta, 80 La | | | | | |
|----------------------|-------------------|-----------------|----------|-------------|-------------|------------|------------|------------|----------------|
| <u>Analyte</u> | <u>Method</u> | <u>Unit</u> | Result | <u>Qual</u> | <u>Dil.</u> | <u>PQL</u> | Anal. Date | Anal. Time | <u>Analyst</u> |
| Coliform, E Coli | Colitag-24hr | MPN/100mL | Absent | | 1 | | 11/2/2018 | 15:30 | MW |
| Coliform, Total | Colitag-24hr | MPN/100mL | Absent | | 1 | | 11/2/2018 | 15:30 | MW |
| Chlorine Residual (F | Field) SM4500-CI | G mg/L | 0.65 | | 1 | | 11/1/2018 | 17:40 | |

Comments:

Report Approved by:

mg/L : Millgrams per liter (=ppm) H = Analyzed outside of hold time MDL = Method Detection Limit

μg/L : Micrograms per liter (=ppb)

J = Result is less than PQL

PQL: Practical Quantitation Limit E = Analysis performed by External Laboratory; See Report attachments

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MCL: Maximum Contamination Level T = Temperature Exceedance



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Sample Condition Upon Receipt

| Order ID: 181102_02 | | |
|---|-----|--|
| Is there evidence of chilling? | Yes | |
| *NOTE: Systems are encouraged but not required to hold samples <10°C (Microbiology) or <6°C (Chemistry) during transit. | | |
| Did bottle arrive intact? | Yes | |
| Did bottle labels agree with COC? | Yes | |
| Adequate sample volume? | Yes | |

MCL: Maximum Contamination Level

18/102-02

Monterey Bay Analytical Services Chain Of Custody / Analysis Request

| | _ | 4 Justin C | t. Suite D · Mo | nterey, C | Ca 93940 • | (831) 37 | 5-MBAS | (6227) | • (831 |) 641-07 | 734 (F | ax) | 3 | | | | | | |
|--|--------------------------------|---|--|--|------------|----------|--------|----------------|--|----------|--------|------|--------|----------|----|-----------|------------|-------------|---------|
| MBAS | | | Client/Company Name: San Juan Bautista Billing Address: P.O.Box 1420 San Juan | | | | | Attention: DDW | | | | | | | Ar | nalysis R | lequeste | ed | T |
| | | ay Analytical Services | Billing Addre | ss: P. | O.Box 1 | 420 Sai | n Juan | Bauti | sta CA | A. 9504 | 45 | | | | | | | | |
| Project/System Information: | | | E-Mail Address(es): allclearwaterservices@yahoo.com | | | | | | | | | | | absent | | | | | |
| For Regulatory Complaince? YES V NO For State or Local Health Department reporting: Electronic Data Transfer (EDT)? YES V NO System ID Number: 3510002 | | | STD (7-14 Days) 48-Hour | | | | | | Phone# 831-537-5057 Fax# Soll Sludge Other | | | | | | | | | | |
| MBAS Lab# | Project ID or Source Cade # | Sample Site / Description (Well Name, APN#, Address, Stormdrain #) | Sampli | Sampling Receiving CLZ Coliform Analys | | | | | | | # | Con | tainer | Coliform | | | | | |
| -01. | | 80 Lang street | 11/1/18 | 1740 | 5.7 | 6.65 | _ | Other | Repeat | Special | Cont. | Туре | Intrim | 1 | | | | | |
| | | | 7/ | | | | | | | | | | 70000 | | | | | | |
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| | | | | \neg | | | | | | | | | | | | | | | |
| | | Printed Name Danny Gonzales | Signature | | | | | | | | | Date | | Time | | Comme | nts or Spe | cial Instru | ctions: |
| Sampled by: | | uny Gorcalis | The state of the s | | | | | | | - | 11/11 | 18 | 1740 | | | | | | |
| Relinquished by: | 10 | 1 ONE | | | | | | | | - | 11/2/ | 18 | 094 | 0942 | | | | | |
| Received by: | | | | | | | | | | | - | | | | | | | | |
| Relinquished by: | | | ac | γ | | | | | | | | | | | | | | | |
| Received by: | D. De | | | | | | | 11-2 | -18 | 9-40 | 2 | | | | | | | | |
| Payment received Check # Amount: Receipt # Date: | | | | | | | | | | | | | | | | | | | |