



# MBAS

## Monterey Bay Analytical Services

4 Justin Court Suite D, Monterey, CA 93940

831.375.MBAS (6227)

www.MBASinc.com

ELAP Certification Number: 2385

Sunday, December 30, 2018

### City of San Juan Bautista

DDW

311 2nd St.

San Juan Bautista, CA 95045

#### Lab Number: 181228\_16-01

Collection Date/Time: 12/28/2018 10:51

Sample Collector:

Madrigal, J Client Sample #:

Submittal Date/Time: 12/28/2018 13:00

Sample ID:

3510002 Coliform Designation: Routine

#### Sample Description: City of San Juan Bautista, 46 Church St

Analyte	Method	Unit	Result	Qual	Dil.	PQL	Anal. Date	Anal. Time	Analyst
Coliform, E Coli	Colitag-24hr	MPN/100mL	Absent		1	1	12/28/2018	15:40	MW
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	12/28/2018	15:40	MW
Chlorine Residual (Field)	SM4500-Cl G	mg/L	1.30		1	0.05	12/28/2018	10:51	

#### Comments:

#### Lab Number: 181228\_16-02

Collection Date/Time: 12/28/2018 11:18

Sample Collector:

Madrigal, J Client Sample #:

Submittal Date/Time: 12/28/2018 13:00

Sample ID:

3510002 Coliform Designation: Special

#### Sample Description: City of San Juan Bautista, 404 7th St

Analyte	Method	Unit	Result	Qual	Dil.	PQL	Anal. Date	Anal. Time	Analyst
Coliform, E Coli	Colitag-24hr	MPN/100mL	Absent		1	1	12/28/2018	15:40	MW
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	12/28/2018	15:40	MW
Chlorine Residual (Field)	SM4500-Cl G	mg/L	0.63		1	0.05	12/28/2018	11:18	

#### Comments:

#### Lab Number: 181228\_16-03

Collection Date/Time: 12/28/2018 12:15

Sample Collector:

Madrigal, J Client Sample #:

Submittal Date/Time: 12/28/2018 13:00

Sample ID:

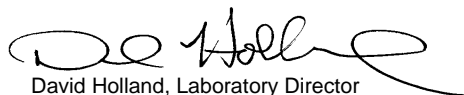
3510002 Coliform Designation: Special

#### Sample Description: City of San Juan Bautista, 409 7th St

Analyte	Method	Unit	Result	Qual	Dil.	PQL	Anal. Date	Anal. Time	Analyst
Coliform, E Coli	Colitag-24hr	MPN/100mL	Absent		1	1	12/28/2018	15:40	MW
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	12/28/2018	15:40	MW
Chlorine Residual (Field)	SM4500-Cl G	mg/L	0.63		1	0.05	12/28/2018	12:15	

#### Comments:

Report Approved by:

  
David Holland, Laboratory Director

mg/L : Milligrams per liter (=ppm)

µg/L : Micrograms per liter (=ppb)

PQL : Practical Quantitation Limit

MCL : Maximum Contamination Level

H = Analyzed outside of hold time

E = Analysis performed by External Laboratory; See Report attachments

T = Temperature Exceedance

MDL = Method Detection Limit

J = Result is less than PQL

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DDW  
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San Juan Bautista, CA 95045

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**Sample Condition Upon Receipt**

**Order ID: 181228\_16**

Is there evidence of chilling? No

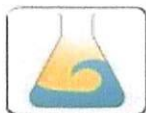
\*NOTE: Systems are encouraged but not required to hold samples  
<10°C (Microbiology) or <6°C (Chemistry) during transit.

Did bottle arrive intact?	Yes
Did bottle labels agree with COC?	Yes
Adequate sample volume?	Yes

101228-16

# Monterey Bay Analytical Services Chain Of Custody / Analysis Request

4 Justin Ct. Suite D • Monterey, Ca 93940 • (831) 375-MBAS (6227) • (831) 641-0734 (Fax)



# MBAS

**Monterey Bay Analytical Services**

Client/Company Name: <i>City Of San Juan Bautista</i>		Attention: <i>DDW</i>	
Billing Address: <i>P.O. Box 1420 San Juan Bautista, CA 95045</i>			
Project/System Information:		E-Mail Address(es): <i>All Water Services @ gchaven</i>	
For Regulatory Compliance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Contract/P.O. #:	
For State or Local Health Department reporting:		Phone # <i>831-537-5057</i>	
Electronic Data Transfer (EDT)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Fax #	
System ID Number: <i>3510002</i>		Turn Around Time: STD (7-14 Days) <input type="checkbox"/> 48-Hour <input type="checkbox"/> 5-Day <input type="checkbox"/> 24-Hour <input checked="" type="checkbox"/>	
Drinking water <input checked="" type="checkbox"/> Wastewater <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Soil <input type="checkbox"/> Sludge <input type="checkbox"/> Other <input type="checkbox"/>			

MBAS Lab #	Project ID or Source Code #	Sample Site / Description (Well Name, APN#, Address, Stormdrain #)	Sampling Date	Time	Receiving Temp.	CL2 Residual	Coliform Analysis Routine	Other	Repeat	Special	# Cont.	Container Type	Size						
-01		46 Church ST	12-28-18	10:51	16.5	1.3	✓				1			X					
-02		404 7th ST	12-28-18	11:18	15.3	0.63				✓	1			X					
-03		409 7th ST	12-28-18	12:15	15.6	0.63				✓	1			X					

Printed Name	Signature	Date	Time	Comments or Special Instructions:
Sampled by: <i>Jose Madrigal</i>	<i>[Signature]</i>	12-28-18	12:15	
Relinquished by: <i>Jose Madrigal</i>	<i>[Signature]</i>	12-28-18	12:15	
Received by: <i>Linda Brown MBAS</i>	<i>[Signature]</i>	12/28/18	1300	
Relinquished by:				
Received by: <i>Pauline Seto</i>	<i>[Signature]</i>	12/28/18	1523	

<input type="checkbox"/> Payment received	Check #	Amount:	Receipt #	Date:
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