



MBAS

Monterey Bay Analytical Services

4 Justin Court Suite D, Monterey, CA 93940

831.375.MBAS (6227)

www.MBASinc.com

ELAP Certification Number: 2385

Monday, January 07, 2019

City of San Juan Bautista

DDW

311 2nd St.

San Juan Bautista, CA 95045

Lab Number: 190103_42-01

Collection Date/Time: 1/3/2019 10:45

Sample Collector:

Madrigal, J Client Sample #:

Submittal Date/Time: 1/3/2019 15:06

Sample ID:

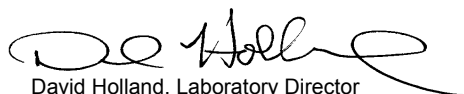
3510002 Coliform Designation: Routine

Sample Description: City of San Juan Bautista, City Maintenance Yard

Analyte	Method	Unit	Result	Qual	Dil.	PQL	Anal. Date	Anal. Time	Analyst
Coliform, E Coli	Colitag-24hr	MPN/100mL	Absent		1	1	1/3/2019	16:30	OW
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	1/3/2019	16:30	OW
Chlorine Residual (Field)	SM4500-Cl G	mg/L	1.40		1	0.05	1/3/2019	10:45	

Comments:

Report Approved by:


David Holland, Laboratory Director

mg/L : Milligrams per liter (=ppm)

H = Analyzed outside of hold time

MDL = Method Detection Limit

µg/L : Micrograms per liter (=ppb)

E = Analysis performed by External Laboratory; See Report attachments

J = Result is less than PQL

PQL : Practical Quantitation Limit

MCL : Maximum Contamination Level

T = Temperature Exceedance

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Sample Condition Upon Receipt

Order ID: 190103_42

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

190103-42

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>			
E-Mail Address(es): <i>all@kwater.com</i>		Contract/P.O. #:	
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"/>		Phone # <i>831-537-5057</i>	
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"/>		Fax #	

Project/System Information:

For Regulatory Compliance? YES ☒ NO ☐
 For State or Local Health Department reporting:
 Electronic Data Transfer (EDT)? YES ☒ NO ☐
 System ID Number: *3510002*

MBAS Lab #	Project ID or Source Code #	Sample Site / Description (Well Name, APN#, Address, Stormdrain #)	Sampling		Receiving Temp.	CL2 Residual	Coliform Analysis				# Cont.	Container							
			Date	Time			Routine	Other	Repeat	Special		Type	Size						
-01		City Maintenance yard	1-3-19	10:45	7.1	1.4	✓					1			✓				

	Printed Name	Signature	Date	Time	Comments or Special Instructions:
Sampled by:	<i>Jose Madrigal</i>	<i>[Signature]</i>	<i>1-3-19</i>	<i>10:45</i>	
Relinquished by:	<i>Jose Madrigal</i>	<i>[Signature]</i>	<i>1-3-19</i>	<i>11:00</i>	
Received by:	<i>Dylan Jones</i>	<i>[Signature]</i>	<i>1/3/19</i>	<i>1335</i>	
Relinquished by:		<i>[Signature]</i>	<i>1/3/19</i>	<i>1500</i>	
Received by:	Monterey Bay Analytical Services	<i>[Signature]</i>	<i>1/3/19</i>	<i>1500</i>	

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