

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

Wednesday, January 16, 2019

Lab Number: 190114 33-01

Collection Date/Time: 1/14/2019 Sample Collector: Madrigal, J Client Sample #:

Submittal Date/Time: 1/14/2019 15:11 Sample ID: 3510002 Coliform Designation: Routine

Sample Description: City of San Juan Bautista, 46 Church St										
<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	1	1/14/2019	16:00	MW	
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	1/14/2019	16:00	MW	
Chlorine Residual (F	Field) SM4500-CI	G mg/L	1.40		1	0.05	1/14/2019	9:49		

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)

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

Page 1 of 3 J = Result is less than PQL

MCL: Maximum Contamination Level T = Temperature Exceedance



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Sample Condition Upon Receipt

Order ID: 190114 33

Order ID. 190114_33		
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	

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)								
	Client/Company Name:	Attention:		Analysis Requested				
MBAS	City Of Son Wan Bay	J						
Monterey Bay Analytical Services	Billing Address: P.O. BO	X 1420 Son Jun Box	HISTO, CA	1				
Project/System Information:	E-Mail Address(es):	Contract/P.O.#:						
	allclearwaterService			T				
For Regulatory Complaince? YES NO	Turn Around Time:	Hour - Phone# 831-53	37-5057	0				
For State or Local Health Department reporting: Electronic Data Transfer (EDT)? YES NO	5-Day 24-1	,	-					
System ID Number: 35 0002			Coliforn					
MBAS Project ID or Sample Site / Description Lab # Source Code # (Well Name, APN#, Address, Stormdrain #)	Sampling Receiving College Other			8				
-01 He Chulch ST		esidual Routine Other Repeat Special	# Container Cont. Type Size	3				
10 (101()1 51	1/14/18/19/49 4.6/	,4 X	1	X				
<u>\</u>								
			+++					
Printed Name		Date	Time					
Sampled by: JOIC MANIAN	The		1/14/18/1	201110	Comments or Special Instructions:			
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Roceived by: Dy an Dones			1 7 1 1	0:20 for sough a				
Relinquished by:			1 14 16	3:30 relinguished to				
			0	1511	1/14/19 DS			
Received by: Monterey Bay Analytical Services		114/9/	1511					
Payment received Check # Amountt Receipt # Date:								