

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

Friday, February 15, 2019

Lab Number: 190211 33-01

Collection Date/Time: 2/11/2019 Sample Collector: Madrigal, J Client Sample #: 9:38

Submittal Date/Time: 2/11/2019 Sample ID: 3510002 Coliform Designation: Routine 15:33

Sample Description: City of San Juan Bautista, 68 Polk 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	2/11/2019	16:30	MW				
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	2/11/2019	16:30	MW				
Chlorine Residual (Field)	SM4500-CI G	mg/L	0.85		1	0.05	2/11/2019	9:38					

Comments:

Report Approved by:

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

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MCL: Maximum Contamination Level T = Temperature Exceedance



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Sample Condition Upon Receipt

Order	ID:	1902°	11	33
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Order ID: 190211_33	
Is there evidence of chilling? *NOTE: Systems are encouraged but not required to hold samples <10°C (Microbiology) or <6°C (Chemistry) during transit.	Yes
Did bottle arrive intact?	Yes
Did bottle labels agree with COC?	Yes
Adequate sample volume?	Yes

J = Result is less than PQL

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190211-33

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			City of San Juan Bau Attention:						DD	W				Ar	alysis R	equeste	d		
		Billing Addres	Billing Address: PO Box 1420 San Juan Bautista Ca 95045						5			H/							
wonte	rey Ba	ay Analytical Services																	
Project/System Information:		E-Mail Address(es): allclearwaterservices@yahoo.com					Contract/P.O.#:					0							
For Regulatory Complaince? YES V NO For State or Local Health Department reporting:		STD (7-14 Days)					Phone# 831-537-5057					Colliform							
Electronic Da System ID Nu	ata Transfer			5-Day 24-Hour Fax: Drinking water Wastewater Monitoring Well					Fax # Soil Studge Other					= 5					
MBAS	Project ID or	Sample Site / Description							form Analysis # Container					3					
Lab#	Source Code #	(Well Name, APN#, Address, Stormdrain #)	Date	Time	Temp.				Repeat	Special	1120		Size						
-01		68 POIK S+	2-11-19	9:38	8. Ce	.85	×				1			×					
			N. S.																
Printed Name				Signature							Dat	е	Time Comments or Special I			ocial Instru	ctions:		
sampled by: JOSE MUNIGUI			h							2-11-19		9:38					11		
Relinquished by: JOSE Madvig ()				The							2-11-19		10:13						
Received by: (an)										2/1	M	13	36						
Relinquished by: Car											2/1	1/19	18	33					
Received by: Monterey Bay Analytical Services				Davilmo Set						2/11	19	15:	33						
☐ Payment	············	Amount:						Rec	eipt#				Date:						