

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, March 15, 2019

Lab Number: 190314 10-01

Collection Date/Time: 3/14/2019 10:06 Sample Collector: Madrigal, J Client Sample #:

Submittal Date/Time: 3/14/2019 10:40 Sample ID: 3510002-010 Coliform Designation: Other

Sar	Sample Description: City of San Juan Bautista, Well-006, Raw											
<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	3/14/2019	15:20	MW			
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	3/14/2019	15:20	MW			
Chlorine Residual (F	ield) SM4500-Cl	G mg/L	0.00		1	0.05	3/14/2019	10:06				

Comments:

Report Approved by:

mg/L: Millgrams per liter (=ppm)  $\mu g/L$  H = Analyzed outside of hold time E = MDL = Method Detection Limit J = MDL = Method

μg/L : Micrograms per liter (=ppb)

PQL : Practical Quantitation Limit

T = Temperature Exceedance

MCL: Maximum Contamination Level

 $\label{eq:energy} \mbox{E = Analysis performed by External Laboratory; See Report attachments}$   $\mbox{J = Result is less than PQL} \qquad \mbox{Page 1 of 3}$ 



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## **Sample Condition Upon Receipt**

Order ID: 190314 10

Is there evidence of chilling? No (<2 hrs) \*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 . Mor	nterey, Ca	a 93940 •	(831) 37	5-MBAS	(6227)	• (831)	641-07	34 (Fa	ax)							
MBAS			City of San Juan Bau Attention: DDW						W				T ,	Analysis F	Request	ed			
			Billing Addres	s: P	O Box 14	120 Sai	n Juan	Bauti	sta Ca	9504	5								
Monte	rey Ba	ay Analytical Services												4					
Project/System Information:			E-Mail Address(eş): allclearwaterservices@yahoo.com									C							
For Regulatory Complaince? YES NO For State or Local Health Department reporting: Electronic Data Transfer (EDT)? YES NO System ID Number: 3510002			Turn Around Time: Phone # 831-50 STD (7-14 Days) 48-Hour 5-Day 74-Hour 75-Day 74-Hour 75-Day 74-Hour 75-Day 74-Hour 75-Day 75-Da					537-5	5057		SIGN								
			5-Day 24-Hour Fax#  Drinking water Wastewater Monitoring Well Soil						Stu	dge [		her	DIREIN						
MBAS	Project ID or	Sample Site / Description							#		tainer	3							
Lab#	Source Code #	(Well Name, APN#, Address, Stormdrain #)	Date	Time	Temp.	CLE	Routine	1		Special	Cont.	Туре	Size						
-01	010	Well-006 Raw	3-14-19	10:09	16.7	0.0		-			1	sterile	125 ml	X					
	(49)																		
Printed Name			Signature								Dat	e	Time		Comments or Special Instructions:				
Sampled by: JOSE Machigal			J								34	119	10:	00					
Relinquished by: JOSE MUCHIGAT				3/11							1119	10:40							
Received by:		3																	
Relinquished by:				,															
Received by:	n Saraffyo							3.14	-19	10:4	0								
Payment received Check # Amount:											Deter								