



MBAS

Monterey Bay Analytical Services

4 Justin Court Suite D, Monterey, CA 93940

831.375.MBAS (6227)

www.MBASinc.com

ELAP Certification Number: 2385

City of San Juan Bautista

Miles Farmer

311 2nd St.

San Juan Bautista, CA 95045

Tuesday, March 26, 2019

Lab Number: 190325_10-01

Collection Date/Time: 3/25/2019 12:15

Sample Collector: Farmer M

Client Sample #:

Submittal Date/Time: 3/25/2019 15:00

System ID: WW

Coliform Designation:

Sample Description: San Juan Bautista WWTP, Effluent Grab

Analyte	Method	Unit	Result	Qual	Dil.	PQL	Anal. Date	Anal. Time	Analyst
Coliform, E Coli (Quantitray)	SM9223	MPN/100mL	<1		1	1	3/25/2019	16:00	MW
Coliform, Total (Quantitray)	SM9223	MPN/100mL	196		1	1	3/25/2019	16:00	MW

Comments:

Report Approved by:



David Holland, Laboratory Director



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Sample Condition Upon Receipt

Order ID: 190325_10

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

190325_10

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: San Juan Bautista		Attention: Miles Farmer		Analysis Requested													
Billing Address:																	
Project/System Information: San Juan Bautista WWTP		E-Mail Address(es): Service@cypresswaterservices.com		Contract/P.O. #:		Coliform (QT) BOD TSS ClNa TDS NH3											
For Regulatory Compliance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> For State or Local Health Department reporting: Electronic Data Transfer (EDT)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 # 831-594-2620													
System ID Number: _____		Drinking water <input type="checkbox"/> Wastewater <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Soil <input type="checkbox"/> Sludge <input type="checkbox"/> Other <input type="checkbox"/>		Fax #													
MBAS Lab #	Project ID or Source Code #	Sample Site / Description (Well Name, APN#, Address, Stormdrain #)	Sampling Date	Receiving Time	Temp.	Cl2 Residual	Coliform Analysis			# Cont.	Container Type Size						
							Routine	Other	Repeat	Special							
-01		Effluent Grab	3/25/2019	1215	13.6						1	Sterile	100ml	✓			
Printed Name		Signature		Date	Time	Comments or Special Instructions:											
Sampled by:	Farmer, Miles		<i>Miles Farmer</i>														
Relinquished by:	Cypress Water Services		<i>Mason Weidner</i>		3/25/2019	1500											
Received by:	<i>Pauline Seto</i>		<i>Pauline Seto</i>		3/25/19	1500											
Relinquished by:																	
Received by:	Monterey Bay Analytical Services																

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