



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

DDW

311 2nd St.

San Juan Bautista, CA 95045

Tuesday, April 23, 2019

Lab Number: 190422_06-01

Collection Date/Time: 4/22/2019 09:52

Sample Collector: Madrigal, J

Client Sample #:

Submittal Date/Time: 4/22/2019 10:42

System ID: 3510002

Coliform Designation: Routine

Sample Description: City of San Juan Bautista, 46 Church St

Analyte	Method	Unit	Result	Qual	Dil.	PQL	Anal. Date	Anal. Time	Analyst
Coliform, E Coli	Colitag-24hr	MPN/100mL	Absent		1	1	4/22/2019	16:10	MW
Coliform, Total	Colitag-24hr	MPN/100mL	Absent		1	1	4/22/2019	16:10	MW
Chlorine Residual (Field)	SM4500-Cl G	mg/L	1.40		1	0.05	4/22/2019	09:52	

Comments:

Report Approved by:

David Holland, Laboratory Director

mg/L : Milligrams per liter (=ppm)

µg/L : Micrograms per liter (=ppb)

PQL : Practical Quantitation Limit

MCL : Maximum Contamination Level

H = Analyzed outside of hold time

E = Analysis performed by External Laboratory; See Report attachments

T = Temperature Exceedance

MDL = Method Detection Limit

J = Result is less than PQL

ND = Non Detect



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Sample Condition Upon Receipt

Order ID: 190422_06

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

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190422.06

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)



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Monterey Bay Analytical Services

Client/Company Name: **San Juan Bautista**
 Attention: **DDW**

Billing Address: **P.O. box 1420
 San Juan Bautista Ca, 95045**

Analysis Requested

Project/System Information:

E-Mail Address(es): **Allclearwaterservices@yahoo.com**

Contract/P.O. #: **831*537*5057**

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

Turn Around Time:
 STD (7-14 Days) 48-Hour
 5-Day **24-Hour**

Phone #
 Fax #

Drinking water Wastewater Monitoring Well Soil Sludge Other

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		46 Church St	4-22-19	9:52	18.0	1.4	+				1	Sterile	120mL	X

Coliform P/A

	Printed Name	Signature	Date	Time	Comments or Special Instructions:
Sampled by:	Jose Madrigal		4/22/19	09:52	
Relinquished by:	Jose Madrigal		4/22/19	10:42	
Received by:					
Relinquished by:					
Received by:	Monterey Bay Analytical Services S. Sugarman		4-22-19.	10:42.	

Payment received Check # _____ Amount: _____ Receipt # _____ Date: _____