

QUALITY CONTROL LABORATORY REPORT
MISCELLANEOUS BACTERIOLOGICAL ANALYSIS OF WATER
 MCBCL 11330/8 (REV. 11-85)

FILE:

WATER TYPE <i>POTABLE</i>	SAMPLE COLLECTED BY	DATE COLLECTED <i>12-3-87</i>
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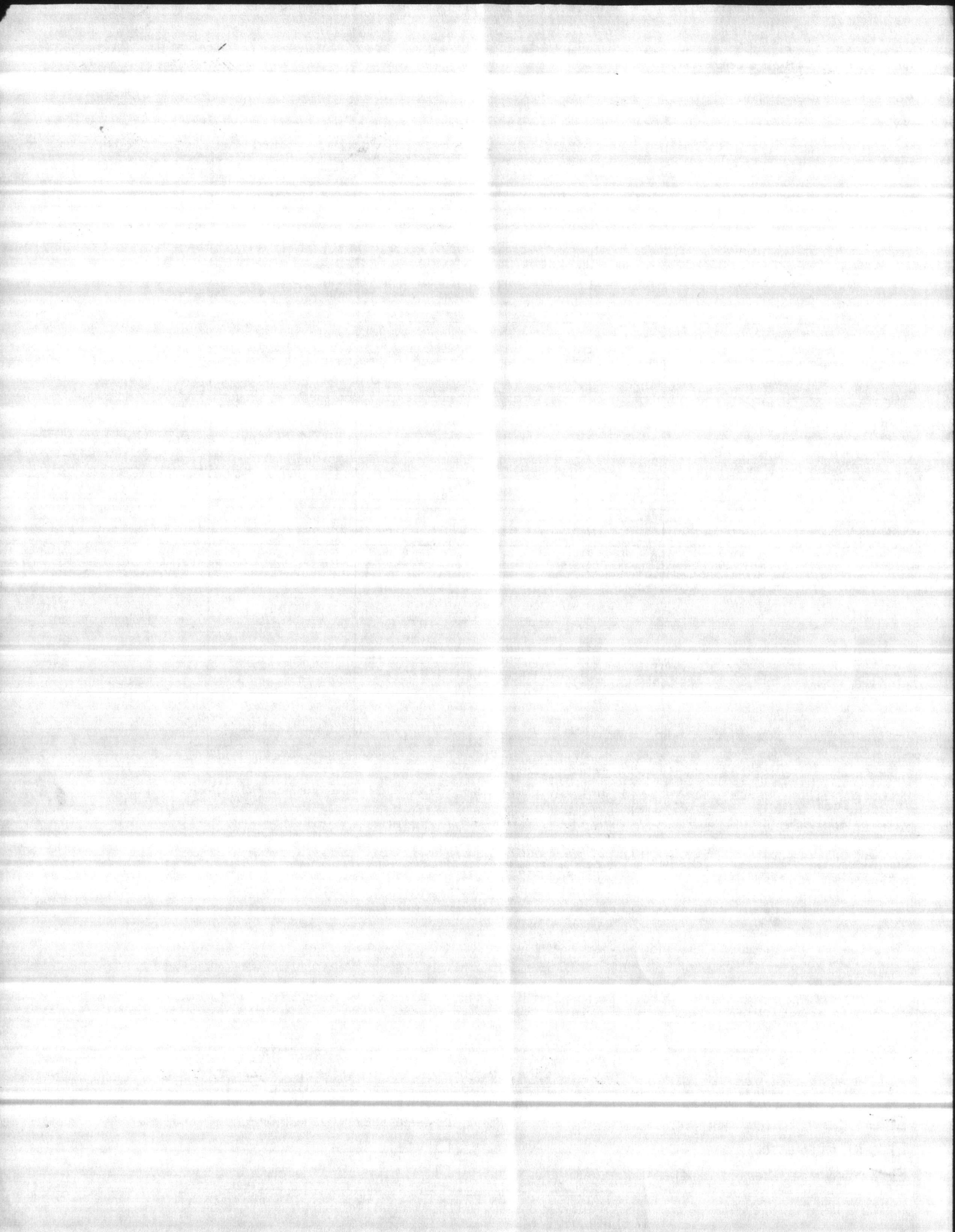
LOCATION	CL ₂	TIME	COLIFORM		
			TOTAL	FECAL	
<i>TT2630</i>			<i>φ</i>		<i>2ND REPORT</i>
<i>(COMPLAINT LOCATION)</i>	<i>0.5</i>	<i>1047</i>			

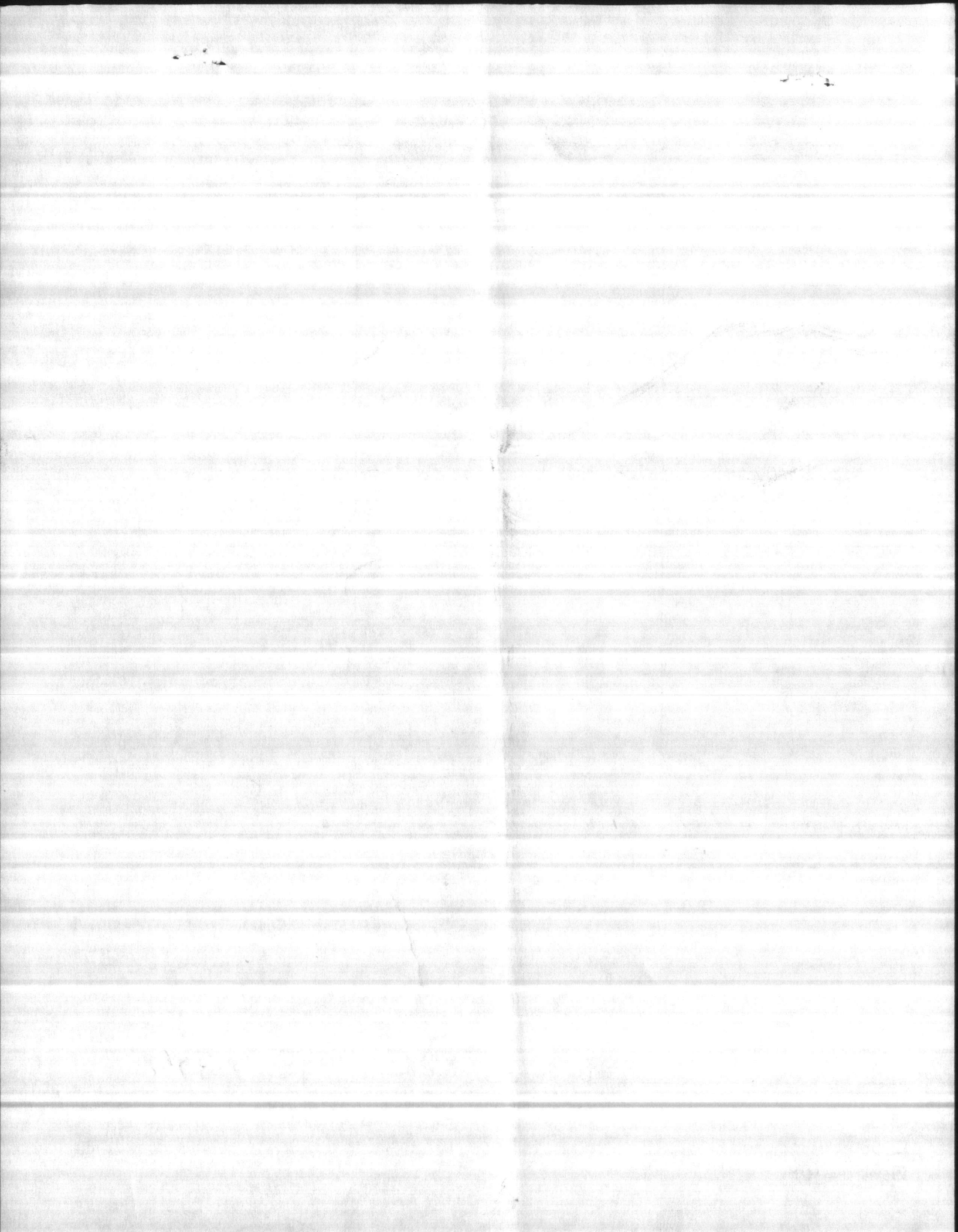
	DATE	TIME	INITIALS	COLIFORM ANALYSIS BY: <i>MF</i> MPN
SAMPLES RECEIVED	<i>12-3</i>	<i>1200</i>	<i>CS</i>	DILUTIONS <i>100</i>
SAMPLES ANALYZED	<i>12-3</i>	<i>1235</i>	<i>CS</i>	
REMARKS				

SIGNATURE <i>16 J Burns</i>	DATE <i>12-14-87</i>
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COPY TO

<input checked="" type="checkbox"/> LAB/FILE	<input type="checkbox"/> NREAD	<input checked="" type="checkbox"/> BASE PREVENTIVE MEDICINE	<input type="checkbox"/> MCAS PMU
<input type="checkbox"/> UTILITIES DIRECTOR		<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> WATER/WASTEWATER (GENERAL FOREMAN)		<input type="checkbox"/> _____	





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MISCELLANEOUS BACTERIOLOGICAL ANALYSIS OF WATER
 MCBCL 11330/8 (REV. 11-85)

FILE:

WATER TYPE POTABLE	SAMPLE COLLECTED BY ?	DATE COLLECTED 12-2-87
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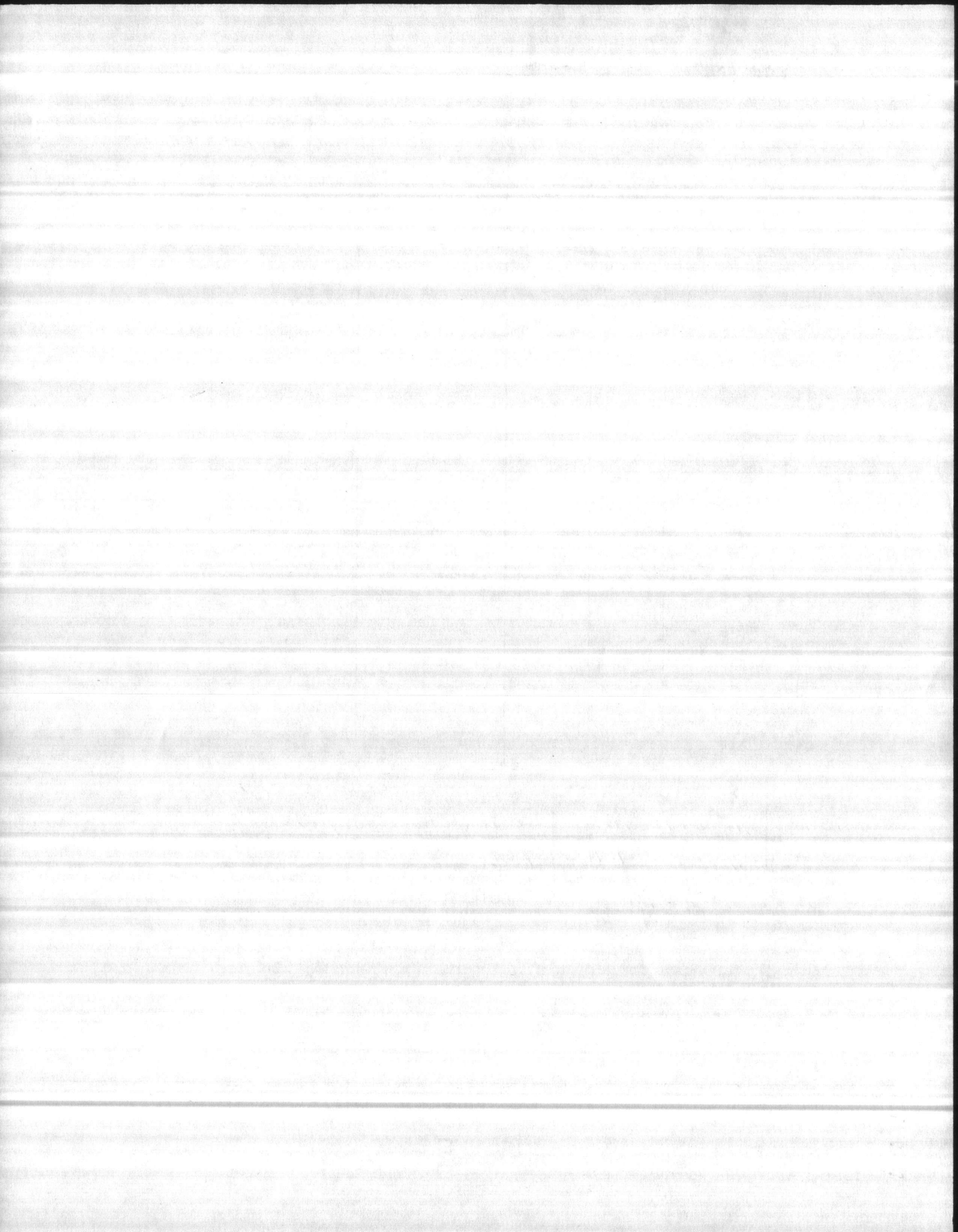
LOCATION	CL ₂	TIME	COLIFORM		
			TOTAL	FECAL	
TT 2650 <i>COMPLAINT</i>	0.8		0		1ST RETEST
TT 2648 <i>NEIGHBOR</i>	0.8		0		

	DATE	TIME	INITIALS	COLIFORM ANALYSIS BY: MF MPN
SAMPLES RECEIVED	12-2-87	1440	CS	DILUTIONS 100
SAMPLES ANALYZED	12-2	1445	CS	
REMARKS				

SIGNATURE <i>[Signature]</i>	DATE 12/3/87
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COPY TO

<input checked="" type="checkbox"/> LAB/FILE	<input type="checkbox"/> NREAD	<input checked="" type="checkbox"/> BASE PREVENTIVE MEDICINE	<input type="checkbox"/> MCAS PMU
<input type="checkbox"/> UTILITIES DIRECTOR		<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> WATER/WASTEWATER (GENERAL FOREMAN)		<input type="checkbox"/> _____	



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MISCELLANEOUS BACTERIOLOGICAL ANALYSIS OF WATER
 MCBCL 11330/8 (REV. 11-85)

FILE:

WATER TYPE <i>POTABLE</i>	SAMPLE COLLECTED BY <i>B. WINTON</i>	DATE COLLECTED <i>10-28-87</i>
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LOCATION	CL ₂	TIME	COLIFORM		
			TOTAL	FECAL	
<i>B-B-7</i>	<i>1.1</i>	<i>1255</i>	<i>φ</i>		<i>1st RE TEST</i>
<i>BB-7</i>	<i>1.0</i>	<i>1145</i>	<i>φ</i>		<i>10-29-87</i> <i>2nd RE TEST</i>

	DATE	TIME	INITIALS	COLIFORM ANALYSIS BY: <i>MF</i>	MPN
SAMPLES RECEIVED	<i>10-28-87</i>	<i>1345</i>	<i>C.S</i>	DILUTIONS	<i>100</i>
SAMPLES ANALYZED	<i>10-29</i>	<i>1400</i>	<i>C.S</i>		
REMARKS					

SIGNATURE <i>H. J. Burns</i>	DATE <i>10-29-87</i>
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COPY TO

<input checked="" type="checkbox"/> LAB/FILE	<input type="checkbox"/> NREAD	<input checked="" type="checkbox"/> BASE PREVENTIVE MEDICINE	<input type="checkbox"/> MCAS PMU
<input type="checkbox"/> UTILITIES DIRECTOR		<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> WATER/WASTEWATER (GENERAL FOREMAN)		<input type="checkbox"/> _____	

BACTERIOLOGICAL ANALYSIS OF WATER
 MCBCL 11330/4 (REV. 7-83)

DATE COLLECTED

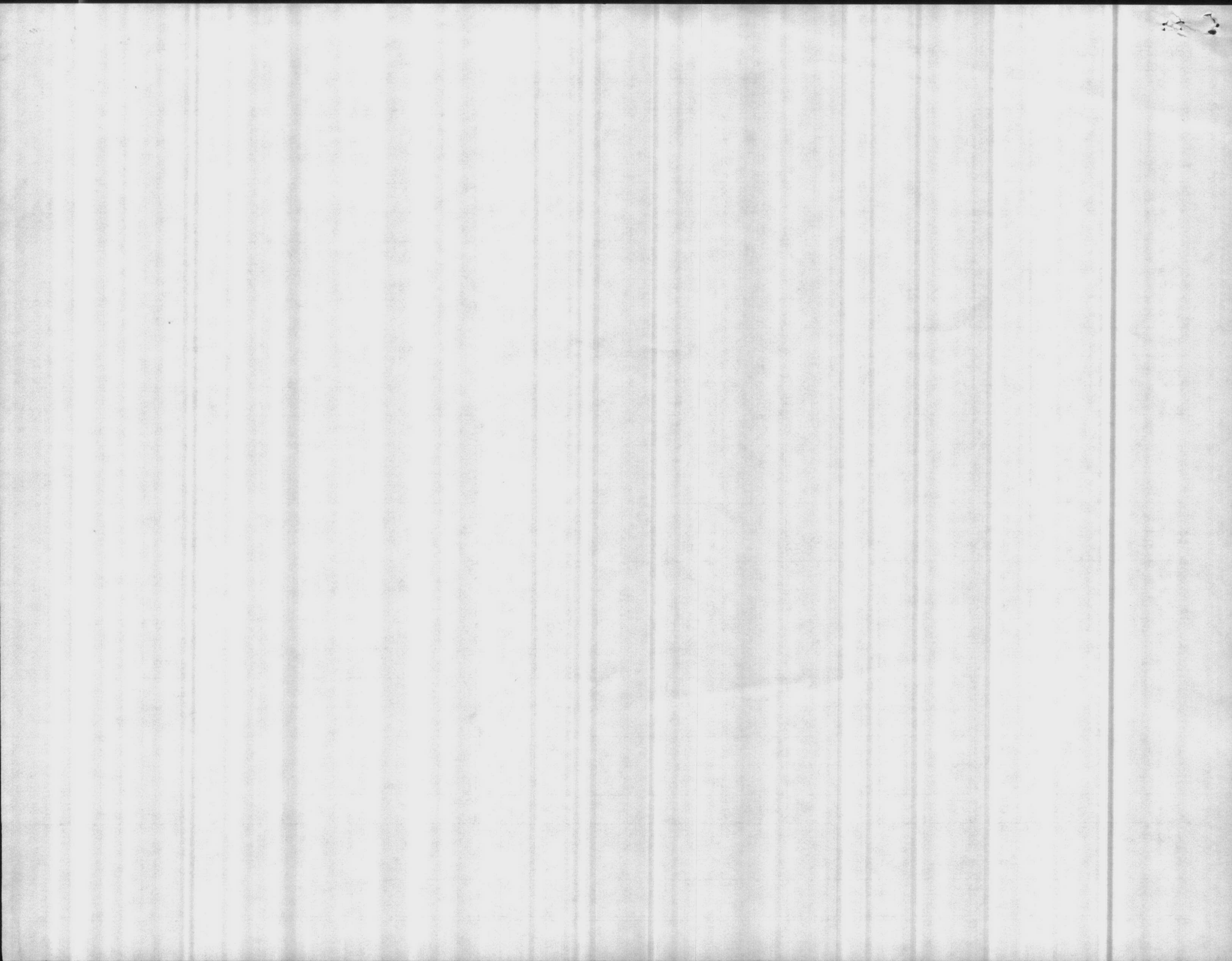
10-20-81

REPORTABLE POINTS FOR SDWA

WATER SAMPLES	MARKED	COLIFORM MF/100 ML	RESIDUAL CHLORINE	TIME	WATER SAMPLES	MARKED	COLIFORM MF/100 ML	RESIDUAL CHLORINE	TIME	LABORATORY DATA
RR - 3	1	0	0.8	1040	MCAS - 3502	24	0	0.5	1045	TIME RECEIVED 1130 & 1340
RR - 15	2	0	0.5	1005	MCAS - 2002	25	0	0.4	1100	DATE RECEIVED 10-20-81
RR - 10	3	0	0.7	1010	MCAS - 2117	26	0	0.6	1050	ACCEPTED BY dot
	4				MCAS - 132117	27	0	0.5	1115	DATE ANALYZED 10-20-81
A-47	5	0	0.3	0945		28				ANALYSIS STARTED 1300
BB - 7	6	0	0.7	0925	NRMC - <i>found services</i>	29	0	0.7	1145	ANALYSIS FINISHED 1700
BB - 49	7	0	0.7	0935	PP - 2615	30	0	0.7	1050	INCUBATOR TEMP 35.2
BB - 245	8	0	0.3	0920	PP - 2413	31	0	0.6	1105	PROCESSED BY 122
	9				BM - 5400	32	0	0.7	1130	CUSTODY DATA
BA - 103	10	0	0.3	1125	BM - 520	33	0	0.5	1120	
BA - 101	11	0	0.6	1115	LCH - 4022	34	0	0.7	1155	DATE
	12				LCH - 4000	35	0	0.6	1205	TIME
TT - 38	13	0	1.1	0910		36				SIGNATURE
TT - 43	14	0	1.1	0930	H - 1 <i>new survey off</i>	37	0	0.6	1030	DATE
TT - 2465	15	0	1.0	0955	H - 16	38	0	0.5	1040	TIME
	16				FC - 303	39	0	0.7	0935	SIGNATURE
CK - 1111	17	0	0.9	1015	FC - 420	40	0	0.6	0945	COPY TO:
M - 139	18	0	1.0	1100	FC - 590	41	0	0.7	0955	
M - 430	19	0	1.0	1130	HP - 236	42	0	0.7	1120	<input checked="" type="checkbox"/> UTIL DIR
	20				HP - 540	43	0	0.6	1045	<input checked="" type="checkbox"/> WATER TREATMENT
CG - 1	21	0	0.5	1030	HP - 1300	44	0	0.6	0910	<input checked="" type="checkbox"/> PMU <input checked="" type="checkbox"/> MCAS PMO
TC - 830	22	0	0.7	0945	HP - 1400	45	0	0.7	0900	<input type="checkbox"/> NREAD <input type="checkbox"/> FILE
TC - 6650	23	0	0.6	0930		46				<input type="checkbox"/> _____

REMARKS

SIGNATURE
Robert A. Dwyer



BACTERIOLOGICAL ANALYSIS OF WATER

NON-REPORTABLE

WATER SAMPLES	TOTAL COLIFORM COUNT MF/100 ML M-ENDO MEDIA	RESIDUAL CHLORINE	pH	TIME
BB-97	0	1.1		0930
SH-8	0	0.9		0925
TT POOL				
M.P. POOL	0	0.6	7.4	1115
#2 POOL	0	0.6	7.6	1020
#5 POOL	0	0.9	7.6	1005
P. P. POOL				
P. P. BABY POOL				
MCAS E-POOL				
MCAS O-POOL				
MCAS BABY POOL				

LABORATORY DATA

DATE COLLECTED 10-20-87	DATE ANALYZED 10-20-87	COPY TO: <input checked="" type="checkbox"/> UTIL DIR <input checked="" type="checkbox"/> WATER TREATMENT <input checked="" type="checkbox"/> PMU <input checked="" type="checkbox"/> MCAS PMU <input type="checkbox"/> NREAD <input checked="" type="checkbox"/> FILE <input type="checkbox"/> _____
COLLECTED BY 1300 - 1400	ANALYSIS STARTED 1300	
TIME RECEIVED 1300 - 1400	ANALYSIS FINISHED 1400	
DATE RECEIVED 10-20-87	INCUBATOR TEMP 35.2	
ACCEPTED BY <i>RS</i>	PROCESSED BY <i>RS</i>	
SIGNATURE Robert H. Dwyer		
REMARKS		

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MISCELLANEOUS BACTERIOLOGICAL ANALYSIS OF WATER
 MCBCL 11330/8 (REV. 11-85)

FILE:

WATER TYPE	SAMPLE COLLECTED BY	DATE COLLECTED <i>10-1-87</i>
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LOCATION	CL ₂	TIME	COLIFORM		
			TOTAL	FECAL	
<i>#1 Softener R.R.</i>	<i>0.6</i>	<i>10:45</i>	<i>φ</i>		<i>TWTC NON-COLIFORM</i>

	DATE	TIME	INITIALS	COLIFORM ANALYSIS BY: MF MPN
SAMPLES RECEIVED	<i>10-1-87</i>	<i>11:05</i>	<i>BSJ</i>	DILUTIONS
SAMPLES ANALYZED	<i>10-1-87</i>	<i>13:35</i>	<i>BSJ</i>	
REMARKS				

*#1 Softener R.R.
 C.L. 0.6 BSJ
 Time - 10:45*

SIGNATURE <i>H. J. Burns</i>	DATE <i>10-2-87</i>
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COPY TO

<input type="checkbox"/> LAB/FILE	<input type="checkbox"/> NREAD	<input type="checkbox"/> BASE PREVENTIVE MEDICINE	<input type="checkbox"/> MCAS PMU
<input type="checkbox"/> UTILITIES DIRECTOR		<input type="checkbox"/> _____	
<input type="checkbox"/> WATER/WASTEWATER (GENERAL FOREMAN)		<input type="checkbox"/> _____	

