



**BACTERIOLOGICAL ANALYSIS**

Name / Name of Water System: TATER Knob POA

Location / Address Where Collected: South Tank House

Collected By: Stephen Price  
(Please Print)

|  |  |
|--|--|
| <b>Collection Date</b><br><u>7/6/23</u><br><small>(MM/DD/YY)</small> | <b>Collection Time</b><br><u>12:43 PM</u><br><small>(Specify AM or PM)</small> |
|--|--|

Mail Results to (water system representative):

Steve Price  
PO Box 45  
Glennville, NC 28736

Phone #: 407 619 8255

Fax #: ( )

Responsible Person's email: Steve Price@gmail.com

**If Chlorinated:**

Total Chlorine Residual: \_\_\_\_\_ mg/L  
 Free Chlorine Residual: \_\_\_\_\_ mg/L  
 Combined Chlorine Residual: \_\_\_\_\_ mg/L  
(Combined Chlorine = Total Chlorine minus Free Chlorine)

LABORATORY ID# 37754

Repeat Samples Required from Client  Resample Required from Client

| CONTAMINANT    | METHOD CODE | RESULTS                |        |
|----------------|-------------|------------------------|--------|
|                |             | PRESENT <sup>1,2</sup> | ABSENT |
| Total Coliform | Colitag     |                        | ✓      |
| Fecal/E. coli  | Colitag     |                        | ✓      |

**INVALID CODES:**

- 1) Confluent Growth/No Coliform Growth Found
- 2) TNTC/No Coliform Growth Found
- 3) Turbid Culture/ No Coliform Growth Found
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis<sup>3</sup>

|                     | DATE:  | TIME:  |
|---------------------|--|--|
| ANALYSES BEGUN:     | <u>07/06/23</u><br><small>(MM/DD/YY)</small> | <u>3:30, PM</u><br><small>(Specify AM or PM)</small> |
| ANALYSES COMPLETED: | <u>7/07/23</u><br><small>(MM/DD/YY)</small>  | <u>3:30, PM</u><br><small>(Specify AM or PM)</small> |

Laboratory Log #: 26478P

Certified By: Marvin Hall MARVIN HALL  
(Print and sign name)

COMMENTS: \_\_\_\_\_

Received at: 145pm Paid: invoice Choose One: Bact  Well Scan \_\_\_\_\_ FHA Scan \_\_\_\_\_