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Sylva, North Carolina 28779



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### BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: Tater Knob POA

Location / Address Where Collected: South Tank house

Collected By: Steve Price  
(Please Print)

Collection Date	Collection Time
<u>7/13/2022</u> <small>(MM/DD/YY)</small>	<u>09:49, AM</u> <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: StevePr.00@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) INTC/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>07/13/22</u> <small>(MM/DD/YY)</small>	<u>17:00</u> , <u>  </u> M <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	<u>07/14/22</u> <small>(MM/DD/YY)</small>	<u>17:00</u> , <u>  </u> M <small>(Specify AM or PM)</small>

Laboratory Log #: 25774P

Certified By: Zach Storie  
(Print and sign name)

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

Received at: 10:54am Paid: Invoice Tater Knob Esta Choose One: Bact  Well Scan \_\_\_\_\_ FHA Scan \_\_\_\_\_