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BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: Tater Knob ~~AT TATER~~ POA

Location / Address Where Collected: 520 Rivard Rd

Collected By: Stephen Price
(Please Print)

Collection Date	Collection Time
<u>7/13/2022</u> <small>(MM/DD/YY)</small>	<u>8:58 A</u> M <small>(Specify AM or PM)</small>

Mail Results to (water system representative):
Steve Price
PO Box 45
Glennville, NC 28736
Phone #: 408 619 8255

Fax #: ()

Responsible Person's email: StevePr@bmail.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 ^{1,2}	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 Analysis³

	DATE:	TIME:
ANALYSES BEGUN:	<u>07/13/22</u> <small>(MM/DD/YY)</small>	<u>17:00</u> M <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	<u>07/14/22</u> <small>(MM/DD/YY)</small>	<u>17:00</u> M <small>(Specify AM or PM)</small>

Laboratory Log #: 25773P

Certified By: Zach Storie
(Print and sign name)

COMMENTS: _____

Received at: 10:52am Paid: _____ Choose One: Bact Well Scan _____ FHA Scan _____