

P.O. Box 954, Cullowhee, NC 28723
2675 Skyland Drive
Sylva, North Carolina 28779



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BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: TATER Knob POA

Location / Address Where Collected: 520 Rivard Rd

Collected By: Stephen Price
(Please Print)

Collection Date <u>7/6/23</u> <small>(MM/DD/YY)</small>	Collection Time <u>12:17, P</u> <small>(Specify AM or PM)</small>
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Mail Results to (water system representative):

Steve Price
StevePr@bmail.com
PO Box 45
Glennville, NC 28736

Phone #: 407 619 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>07/06/23</u> <small>(MM/DD/YY)</small>	<u>3:30, P</u> <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	<u>7/07/23</u> <small>(MM/DD/YY)</small>	<u>3:30, P</u> <small>(Specify AM or PM)</small>

Laboratory Log #: 26477P

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

COMMENTS: _____

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