



BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: TATER Knob POA

Location / Address Where Collected: ~~North~~ South Tank (RT)

Collected By: Steve Price
(Please Print)

Collection Date	Collection Time
<u>07/12/21</u> <small>(MM/DD/YY)</small>	<u>10:14 AM</u> <small>(Specify AM or PM)</small>

Mail Results to (water system representative):

P.O. Box 45
Glennville, NC 28736

Phone #: 407 619 8255

Fax #: ()

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

If Chlorinated: -

Total Chlorine Residual: _____ mg
Free Chlorine Residual: _____ mg
Combined Chlorine Residual: _____ mg
(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
- 2) TNTC/No Coliform Growth Found
- 3) Turbid Culture/ No Coliform Growth
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis³

	DATE:	TIME:
ANALYSES BEGUN:	<u>07/12/21</u> <small>(MM/DD/YY)</small>	<u>11:30 AM</u> <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	<u>07/13/21</u> <small>(MM/DD/YY)</small>	<u>11:30 AM</u> <small>(Specify AM or PM)</small>

Laboratory Log #: 24900P

Certified By: Stephanie Conner
(Print and sign name)

COMMENTS: _____



BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: Water Knob POA

Location / Address Where Collected: 520 RIVARD CRT

Collected By: Steve Price
(Please Print)

Collection Date	Collection Time
<u>07/13/21</u> <small>(MM/DD/YY)</small>	<u>09:42 AM</u> <small>(Specify AM or PM)</small>

Mail Results to (water system representative):
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 ^{1,2}	ABSENT
Total Coliform	Colitag		✓
Fecal/E. coli	Colitag		✓

INVALID CODES:

- 1) Confluent Growth/No Coliform Growth Found
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- 5) Improper Sample or Analysis³

	DATE:	TIME:
ANALYSES BEGUN:	<u>07/12/21</u> <small>(MM/DD/YY)</small>	<u>11:30 AM</u> <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	<u>07/13/21</u> <small>(MM/DD/YY)</small>	<u>11:30 AM</u> <small>(Specify AM or PM)</small>

Laboratory Log #: 24901P

Certified By: Stephanie Conner
(Print and sign name)

COMMENTS: _____