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

ENVIRONMENTAL Inc. Water & Wastewater Services Cullowhee, NC

Phone: (828) 586-5588
Fax: (828) 586-0800
Environmentalinc@aol.com

BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: Tater Knob North Side

Location / Address Where Collected: 520 Rivard Rd

Collected By: Steve Price (Please Print)

Collection Date (MM/DD/YY)	Collection Time (Specify AM or PM)
9/30/2025	7:41, A M

Mail Results to (water system representative):

PO Box 354
Glenville, NC
28736-0354

Phone #: (407) 619 8255

Fax #: ( )

Responsible Person's email: StevePr00@Gmail.com

If Chlorinated:

Total Chlorine Residual: 0.6 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 Analysis[3]

	DATE: (MM/DD/YY)	TIME: (Specify AM or PM)
ANALYSES BEGUN:	09/30/25	12:00, PM
ANALYSES COMPLETED:	10/01/25	12:00, PM

Laboratory Log #: 28430P

Certified By: AshleyFisher AshleyFisher (Print and sign name)

COMMENTS: _____

Received at: _____ Paid: _____ Choose One: Bact _____ Well Scan _____ FHA Scan _____

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BACTERIOLOGICAL ANALYSIS

Name / Name of Water System: Tater Knob South Side

Location / Address Where Collected: South Tank House

Collected By: Steve Price (Please Print)

Collection Date 9/30/2025 (MM/DD/YY) **Collection Time** 8:08, AM (Specify AM or PM)

Mail Results to (water system representative):

PO BOX 354
Glenville, NC
28736-0354

Phone #: (___) 407 619 8255

Fax #: (___)

Responsible Person's email: SteveProff@Gmail.com

8-1.2

If Chlorinated:
Total Chlorine Residual: 1.2 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 Analysis[3]

	DATE:	TIME:
ANALYSES BEGUN:	09/30/25 (MM/DD/YY)	12:00, PM (Specify AM or PM)
ANALYSES COMPLETED:	10/01/25 (MM/DD/YY)	12:00, PM (Specify AM or PM)

Laboratory Log #: 254311P

Certified By: Ashleyfisher Ashleyfisher (Print and sign name)

COMMENTS: _____

Received at:_____ Paid:_____ Choose One: Bact_____ Well Scan_____ FHA Scan_____