PWS ID NUMBER

SAMPLE DATE 12/05/23

SAMPLE SOURCE
- [ ] DRINKING
- [ ] SWIMMING POOL
- [ ] WELL
- [ ] SPRING
- [ ] _____
- [ ] _____

SAMPLE TIME (MT) 3:00 | SAMPLE TYPE | CHLORINE | RESIDUAL

LOCATION CODE | REPEAT SAMPLE LOCATION: SAME [ ] ABOVE [ ] BELOW [ ]

WATER SYSTEM NAME/PRIVATE OWNER: Martusheff | BILLING CODE:

ADDRESS: 220 Walker Rd. Sharps Chapel

SAMPLE LOCATION: Kitchen Sink | COUNTY: Union

SAMPLE COLLECTOR | PHONE: 808-953-8111

SEND REPORT TO
NAME: E-mail - Kathleen@KMBB.us
ADDRESS
CITY | STATE | ZIP

No: 1924

EXAMINATION REQUESTED
- [x] TOTAL COLIFORM (TC)
- [x] E. COLI (EC)
- [ ] FECAL COLIFORM (FC)
- [ ] FECAL STREPTOCOCCUS
- [ ] ENTEROCOCCUS (E)
- [ ] HETEROTROPHIC PLATE COUNT

EXAMINATION RANGE
UP TO 200 CFU
UP TO 2300 CFU

COPY OF RESULTS TO:

LABORATORY USE ONLY

ANALYSIS METHOD
- [x] COLILERT

	NEG	POS	CFU/100ML
(TC)	[x]	[ ]	
(EC)	[x]	[ ]	
(FC)	[ ]	[ ]	
(FS)	[ ]	[ ]	
(E)	[ ]	[ ]	

ANALYSIS DATE: 12/07/23

- [ ] UNSATISFACTORY FOR ANALYSIS
- [ ] SAMPLE OVER 30 HOURS OLD
- [ ] LEAKED IN TRANSIT
- [ ] INSUFFICIENT QUANTITY
- [ ] CHLORINE RESIDUAL TOO HIGH

(HPC) _____/ml [ ]

SUBMIT 4 REPEAT SAMPLES MARK AS "R:

NOTIFICATIONS

Analyst: JM | Date Reported:

Reviewed By:

Arthur Shawanee Utility District 112 Kirby Street Harrogate, TN 37752

WATER BACTERIOLOGICAL ANALYSIS