

BACTERIOLOGICAL CERTIFICATE

OF ANALYSIS (See reverse side for instructions)

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MID-ATLANTIC LABORATORIES

State Certified Environmental Laboratory VA Lab I.D. #00215 • MD Cert #215 WV Lab I.D. #9926 • NC Lab I.D. #51704

Mailing Address: 14294 Big Timber Road King George, VA 22485

Physical Address: 224 Main Street, Suite 1 Port Royal, VA 22535

Tel. 804-742-5577

DATE-TIME (COLLECTED	COLLECTED BY	AGENCY/COMPANY
	AM		
	PM		

	AM	
	PM	
CHLORINE RESI	IDUAL:	

FAY OR FMAIL	FAX # OR EMAIL ADDRESS		DAYTIME TEL #	Ī
FAX OR EMAIL				
RESULTS				
TO:				
				_
SS BELOW	OWNER & ADDRESS OF	WAT	FR SUPPLY	

www.midatianticlaboratorie	es.com L							
PLEASE PRINT	PLEASE PRINT NAME & MAILING ADDRESS BELOW			OWNER & ADDRESS OF WATER SUPPLY				
SEND NAME —			_ NAME _					
REPORT STREET			_ _ STREET					
то:								
CITY	STATE	ZIP	- CITY	5	STATE ZIP			
FORM	M OF PAYMENT			IF PUBLIC SYSTEM OR NEW WEL	L, COMPLETE BELOW:			
CHECK MONEY ORDER # _	VIOI TATIVILIVI		_					
CUSTOMER ACCOUNT:			_ (PWSID:	# OR HEA	LTH DEPT. I.D.#			
					METHOD			
RECEIVED IN LAB DATE	O BE COMPLETED BY L		2)/		METHOD			
37.112	TIME	P.M.		ONPG-MUG (24	4-HR)			
COMPLETED DATE	TIME	A.M. P.M.	ANALYST	ONPG-MUG (18				
RESULTS				ACTERIA WERE DETECTED IN TH e Environmental Protection Age				
BOX MARKED WITH "X" INDICATES YOUR RESULTS	TOTAL COLIFORM BACTERIA WERE DETECTED IN THE SAMPLE - therefore this sample <u>DOES NOT PASS THE POTABILITY TEST</u> required by the Environmental Protection Agency (EPA). For further information or recommended action, contact your local or state Health Department, drinking water division							
Results valid only	DOES NOT PASS THE NOTE: the presence recommended action,	POTABILITY TES of the <u>E.Coli</u> bac contact your loca	<u>T</u> required by t teria indicates I or state Healtl	he Environmental Protection Ag a potentially serious health th n Department, drinking water div	hreat. For further information or			
when accompanied by Certified Analysis Seal	OTHER:		OF REPOR					



Microbiology Collection Procedure <u>BEFORE TAKING WATER SAMPLE - READ THESE INSTRUCTIONS</u>

- 1. SELECT AN APPROPRIATE FAUCET. THE FAUCET SHOULD:
 - A. BE A COLD WATER FAUCET:
 - B. NOT HAVE A SWIVEL-TYPE CONNECTOR;
 - C. NOT HAVE A WATER SOFTENER OR FILTER SYSTEM ATTACHED;
 - D. NOT HAVE A BACKFLOW PREVENTOR OR FROST PROOF CONNECTION;
 - E. NOT BE FROM A VACANT HOUSE;
- 2. REMOVE SCREEN FROM FAUCET;
- 3. RUN WATER FOR 3 TO 5 MINUTES;
- 4. IF NEW WELL CONSULT WELL DRILLER ON PROPER CHLORINATION AND FLUSHING BEFORE SAMPLING;
- 5. DISINFECT FAUCET BY SPRAYING INSIDE & OUT WITH BLEACH;
- 6. ADJUST WATER FLOW TO SLOW, EVEN FLOW BEFORE FILLING BOTTLE;
- 7. CAREFULLY OPEN BOTTLE <u>DO NOT</u> PUT FINGERS IN BOTTLE OR CAP; NOTE: WHITE POWDER OR PILL IN BOTTLE IS SODIUM THIOSULFATE
- 8. FILL TO 100ML LINE; REPLACE CAP TIGHTLY;
- 9. <u>PLEASE PRINT OR TYPE CLEARLY</u> WHEN COMPLETING INFORMATION ON REVERSE SIDE OF THIS FORM AND BE SURE TO INCLUDE **DATE & TIME WATER WAS COLLECTED**;
- 10. MAKE CHECK OR MONEY ORDER PAYABLE TO: MID-ATLANTIC LABORATORIES, INC.;
- 11. PLACE CHECK OR MONEY ORDER INSIDE FOLDED FORM; SECURE AROUND BOTTLE WITH RUBBER BAND;
- 12. PLEASE NOTE: BE SURE TO MAIL OR DELIVER THE SAMPLE THE SAME DAY YOU COLLECT IT.

12. PLEASE NOTE: BE SURE TO MAIL OR DELIVER THE SAMPLE THE SAME DAY YOU COLLECT IT. STATE LAW REQUIRES IT ARRIVE AT OUR LAB WITHIN 30 HOURS OF COLLECTION. SAMPLES OVER 30 HOURS OLD MAY BE INVALID.

By submitting the attached water sample for testing, the business, corporation, or person and their agents agree to be jointly and severally liable for payment of all costs and fees incurred.

DISCLAIMER: This sample was submitted directly to our laboratory by the client of its agent, who provided the data reported herein regarding sample identity, collection and preservation. Since **MID-ATLANTIC LABORATORIES**, **INC**. did not collect the sample nor transport it to the laboratory, we cannot corroborate the client's information or attest to the manner in which the sample was collected, preserved or shipped.