

WATER BACTERIOLOGICAL REPORT

COUNTY OF ORIGIN: Hampshire

REPORT TO BE CHARGED TO:

NAME OF WATER SUPPLY

P.W.S. I.D. #

NAME: Patrick Corrigan

ADDRESS: 286 Riverford Dr.

CITY/STATE/ZIP: Delray WV 26714

COLLECTOR: D. Haggerty TITLE: Sanitarian CERTIFICATION #:

COLLECTORS ORGANIZATION: Health Dept.

PHONE: 304-496-9641

SAMPLE TYPE:

- ☐ COMPLIANCE (SDWA): ☐ CWS ☐ NTNCWS ☐ TNCWS
☐ RAW (DILUTIONS REQUIRED): ☐ SURFACE ☐ GROUND
☐ SPECIAL PURPOSE
☐ REPLACEMENT FOR LAB #:
☐ REPEAT FOR LAB #:
☐ REPEAT ORIGINAL ☐ REPEAT DOWNSTREAM
☐ REPEAT UPSTREAM ☐ REPEAT OTHER:

- ☐ INDIVIDUAL HOUSEHOLD:
☒ WELL
☐ CISTERN
☐ SPRING
☐ IS SUPPLY PROTECTED?
☒ YES
☐ NO

- ☐ POOL
☐ BEACH
☐ BOTTLED WATER / ICE
☐ DAIRY FARM
☐ DAIRY PLANT
☐ OTHER:

REPORT TO BE MAILED TO:

NAME: Hampshire Co. Health Dept.

ADDRESS: 16189 Northwestern Pike

CITY/STATE/ZIP: Augusta, WV 26704

BOTTLE NUMBER: B20722

SAMPLE COLLECTION:

DATE: 3/14/18 (MM/DD/YY) TIME: 1:00 ☐ AM ☒ PM

COLLECTOR'S INITIALS: DAH

CHLORINATED?
☐ YES ☒ NO RESIDUAL: mg/L ☐ TOTAL ☐ FREE pH

SAMPLING POINT

Kitchen

"DO NOT WRITE BELOW THIS LINE"

SAMPLE TRANSPORTATION: ☐ US MAIL ☒ UPS ☐ FEDEX
☐ OTHER:☐ HAND DELIVERED: ☐ BY COLLECTOR ☐ OTHER:

TRANSPORTATION CONDITION:

☒ PROTECTED FROM SUNLIGHT ☐ REFRIGERATED <10°C (50°F)

"DO NOT WRITE BELOW THIS LINE"

LAB NO.

DATE REC'D

60566

3/15/18

METHOD OF ANALYSIS:

☐ MULTI TUBE FERMENTATION
SM 9221 B/E☒ CHROMOGENIC/FLUOROGENIC
SM 9223 ☐ 18 HR ☐ MULTIWELL☐ HETEROTROPHIC PLATE COUNT
SM 9215 B

SAMPLE ANALYSIS:

DATE: 3/15/18

TIME: 1200 ☐ AM ☒ PM

ANALYSTS: PK JM

TEMP: °C

TIME REC'D:

1100 ☒ AM ☐ PM

REC'D BY: JM

TEMP: °C

*SAMPLES NOT EXAMINED DUE TO:

- ☐ EXCEEDED TIME ☐ INSUFF. VOLUME
☐ INSUFF. INFO. ☐ INVALID COLL. DATE
☐ UNAUTH. COLLECTOR ☐ CONT. RES CHLORINE
☐ INSUFF. AIR SPACE ☐ DELINQUENT ACCOUNT
☐ TEMP NOT IN RANGE

LABORATORY RESULTS:

TOTAL COLIFORMS:

☐ PRESENT☒ ABSENT

PER 100mL

FECAL COLIFORMS:

☐ PRESENT☐ ABSENT

PER 100mL

E. COLI:

☐ PRESENT☐ ABSENT

PER 100mL

HETEROTROPHIC PLATE COUNT:

CFU/mL

☐ *INVALID DUE TO:☐ TURBID ☐ COLOR INDETERMINATE☐ *LABORATORY ACCIDENT☐ *SEND REPLACEMENT SAMPLEREMARKS: ☐ REPORTED/☐ FAXED TO: ☐ NOT VALID FOR SDWA COMPLIANCE REPORTINGWEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH - OFFICE OF LABORATORY SERVICES50, CHARLESTON, WV 25303
KEARNEYSVILLE, WV 25430

DATE REPORTED: 3-16-18

DIRECTOR:

Brenda H. Hall