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WATER MICROBIOLOGY TEST REPORT

UKAS TESTING 4564

Sample type: *Swimming Pool* *Routine Control* ***Mains – Chlorinated*** *Mains – Untreated* *Other (Specify)*

Sample collection details: *Collected by:* Colin Peters *Name & Address of Customer:* Connect St Helena, Seales Corner *Collection date:* 19/11/2018

Sample receipt details: *Date Received in Lab:* 19/11/2018 *Testing Date:* 19/11/2018

Lab No.	Source/Site	* Macroscopic Appearance	* Cl. Levels (ppm)		Microbiology Results				
			Free	Total	* WM 004 Total Colony Count cfu/1ml		WM 002		WM 003
					22°C/72h	37°C/48h	Coliforms cfu/100 ml	*E.coli* cfu/100 ml	*Enterococci* cfu/100ml
W928/1	Standpipe Nr McDaniel's Shop Cleughs Plain	Clear	1.38	1.63	0	0	Not Detected	Not Detected	Not Detected
W928/2	Standpipe Spring Gut	Clear	1.59	1.77	0	0	Not Detected	Not Detected	Not Detected
W928/3	Standpipe Nr Bellstone Levelwood	Clear	2.09	2.22	0	0	Not Detected	Not Detected	Not Detected
W928/4	Contact Tank Levelwood	Clear	2.67	2.93	0	0	Not Detected	Not Detected	Not Detected
W928/5	Standpipe Nr Fox Garage Deadwood	Clear	1.89	2.19	0	0	Not Detected	Not Detected	Not Detected
W928/6	Standpipe Nr David Benjamin's Two Gun Saddle	Clear	1.75	2.08	0	0	Not Detected	Not Detected	Not Detected
W928/7	Standpipe Nr Haytown Ruperts	Clear	1.78	1.92	0	0	Not Detected	Not Detected	Not Detected
W928/8	Standpipe Nr Museum Jamestown	Clear	1.74	1.83	0	0	Not Detected	Not Detected	Not Detected

KEY: cfu – colony forming units
NE – Not examined

Reported by: Quality Manager	**Helena Stevens**	**Signature:**	HStevens	**Date:**	22/11/2018
Checked by Food Microbiologist:	**Gift Sibanda**	**Signature:**		**Date:**	22/11/2018
Authorized by Acting Lab Manager:	**Wiseman Mbatha**	**Signature:**		**Date:**	22/11/2018

Notes:
1. Tests marked with * are **NOT** UKAS accredited
2. **Opinions and interpretations expressed herein are outside the scope of UKAS Accreditation.**
3. These results relate **ONLY** to the samples tested.
4. Chlorine levels and macroscopic appearance of water samples are provided by the customer on the request form and not by the Laboratory.
5. This report shall not be reproduced except in full, without written approval of the St Helena Public Health Laboratory.