



ST HELENA PUBLIC HEALTH LABORATORY
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WATER MICROBIOLOGY TEST REPORT



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: 13/05/2019*

Sample receipt details: *Date Received in Lab: 13/05/2019* *Testing Date: 13/05/2019*

Lab No.	Source/Site	* Macroscopic Appearance	* Cl. Levels (ppm)		Microbiology Results				
					* WM 004 Total Colony Count cfu/1ml		WM 002		WM 003
					22°C/72h	37°C/48h	Coliforms cfu/100 ml	<i>E.coli</i> cfu/100 ml	<i>Enterococci</i> cfu/100ml
W969/1	Standpipe Nr. Mc Daniel's Shop Cleugh's Plain	Clear	1.17	1.32	0	0	Not Detected	Not Detected	Not Detected
W969/2	Standpipe Nr. Spring Gut	Clear	1.41	1.61	0	0	Not Detected	Not Detected	Not Detected
W969/3	Kingdom Hall Levelwood	Clear	2.40	2.58	0	0	Not Detected	Not Detected	Not Detected
W969/4	Standpipe Nr. Bellstone Levelwood	Clear	2.60	2.72	0	291	Not Detected	Not Detected	Not Detected
W969/5	Standpipe Nr. Fox Garage Deadwood	Clear	2.60	2.79	0	0	Not Detected	Not Detected	Not Detected
W969/6	Standpipe Nr. David Benjamin's Two Gun Saddle	Clear	2.70	2.85	0	0	Not Detected	Not Detected	Not Detected
W969/7	Standpipe Nr. Haytown Ruperts	Clear	1.62	1.72	8	43	Not Detected	Not Detected	Not Detected
W969/8	Standpipe Nr. Museum Jamestown	Clear	1.85	1.97	0	0	Not Detected	Not Detected	Not Detected

KEY: cfu – colony forming units
 NE – Not examined

Reported by Ag. Food Microbiologist:	Helena Stevens	Signature:		Date:	13/05/2019
Checked by Ag. Quality Manager:	Geoff Benjamin	Signature:		Date:	13.05.2019
Authorized by Lab Manager:	Geoff Benjamin	Signature:		Date:	13.05.2019

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.