** Pathologists ** PathCare Reference Laboratory Drs Dietrich, Voigt & Mia PathCare Park Neels Bothma Street Tel : +27 21 596 3400 PracNum: 5200539 FINAL REPORT Page: 1 Doctor GAMTOOS IRRIGATION BOARD ATT: LEON GRUNDLING PO BOX 237 6335 PATENSIE Patient U DUPLEX IRRIGATION WATER Age : Sex : DOB: :U: AgeJohJohID NumberV104 020Tel No (H) NOT AVAILABLEOther NumberNONETel No (C) NONESpecimen: 20:IF0005068RLab RefCollection Date: 2020-04-21 10:20728180862 Received Date : 2020-04-21 10:52 Report Date : 2020-04-23 16:43 _____ _____ Clinical Data : SAMPLE/S RECEIVED IN GOOD CONDITION RECEIVED IN PORT ELIZABETH TESTING LAB: 16:00 21/04/2020 TEMPERATURE ON RECEIPT: 16.5 degrees celcius PERFORMED AT 40A Park Drive, PE on: 21/04/2020 Laboratory in voluntary suspension of ISO 17025 accreditation status, due to relocation of premises. The following CUSTOMER INFORMATION was supplied: - Client contact info - Collection date - Collection time - Sample description / identification - Test/s requested Tests Requested : ~PathCare, : WATER ANALYSIS _____ ----- Insurance -----Source WATER Procedure Description Result > WATER ANALYSIS TOTAL COLIFORM CNT/100ml: > 2 420 : 23 E.COLI/100ml

_____ Lab Ref Page : 2 GAMTOOS IRRIGATION BOARD 728180862 DUPLEX IRRIGATION WA TER Specimen Collection Date Received Date Report Date 20:IF0005068R 2020-04-21 10:20 2020-04-21 10:52 2020-04-23 16: 43 _____ ----- Insurance -----Source WATER Description Procedure Result WATER ANALYSIS (continued...) . : Result Interpretation : 0 = Not Detected / 100ml : OPERATIONAL WATER QUALITY ALERT VALUES: : _____ _____ : If the below stated microbiological limits are exceeded, : : an unacceptable health risk is implied: : Total Coliform Bacterial Count/100ml: = < 10</pre> : E.coli or Faecal Coliform Bacterial Count/100ml: Not : Detected : NORMATIVE REFERENCE: SANS 241 : METHOD USED: SANS 5221 (Colilert) : : Sampling done by client. : Results in this report apply to the sample as received. : Samples from the same/similar source may deliver a : different result. : Sample information provided may affect validity of : results. If there is any reason to doubt the information : : captured, we suggest re-testing of sample. : Please note: The test report shall not be reproduced, : exceptin full, without written approval of the : laboratory. Signed Out by Sinead Morris on 2020-04-23 16:19:00 For consultation, contact a Pathologist - +2741 331 695 ~ File [] Phone Patient [] Appointment [] Prescription [] Draw File [] END OF REPORT : Total Number of Pages : 2