

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Pitt  
Water System ID #: 04-74-010  
Name of System: Greenville Utilities  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 01/12/10 TIME: 16:30 PM  
Location where collected: 4360 Bostic Drive Apt 301  
Location Type: 5 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Jamie Midgette

### FOR REPEAT SAMPLE:

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity: ☐ (1 = Same; 2 = Upstream; 3 = Downstream)

### FOR REPLACEMENT SAMPLE:

Original Sample Type: ☐  
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

**WASHINGTON REGIONAL OFFICE PWSS**

**WASHINGTON, NC 27889**

**Telephone No. 252-946-6481**

Type of Supply:

☒ Community ☐ NTNC  
☐ Non-Community ☐ Private

Type of Treatment:

☒ Chlorinated  
☐ Non-Chlorinated  
Free Chlorine Residual: \_\_\_\_\_ mg/l  
Total Chlorine Residual: 4.0 mg/l

### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: 01/13/10  
Date Analysis Completed: 01/14/10  
Laboratory Log #: 12780

COMMENTS: Not Flamed Mono=4.04mg/L F.A.=0.11mg/L

### INVALID CODES

1) Confluent Growth/No Coliform Found  
2) TNTC/No Coliform Found  
3) Turbid Culture/No Coliform Found  
4) Over 30 Hours Old  
5) Improper Sample or Analysis

☐ Replacement Samples Required

Time Analysis Begun: 07:50 AM  
Time Analysis Completed: 09:25 AM  
Certified By: Susan Beasley

