

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Wake
 Water System ID #: 03-92-185
 Name of System: Rock Dell Trailer Park
 Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
 Collected on: DATE: 01/20/10 TIME: 10:30 AM
 Location where collected: Well #2
 Location Type: 4 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
 Location Code: 002 Collected By: Boris Chertock

FOR REPEAT SAMPLE:

FOR REPLACEMENT SAMPLE:

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

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

Mail Results To:

Type of Supply:

**RALEIGH REGIONAL OFFICE PWSS
 1628 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1628**

Community NTNC
 Non-Community Private

Telephone No. **919-791-4200**

Type of Treatment:

Chlorinated
 Non-Chlorinated
 Free Chlorine Residual: _____
 Total Chlorine Residual: _____

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>319</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)				

- 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

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 01/20/10
 Date Analysis Completed: 01/21/10
 Laboratory Log #: 13035

Time Analysis Begun: 13:49 PM
 Time Analysis Completed: 09:05 AM
 Certified By: Susan Beasley

COMMENTS: Colilert 18

