

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Columbus  
Water System ID #: 04-24-516  
Name of System: Bethel UMC  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 02/01/11 TIME: 10:10 AM  
Location where collected: Kitchen Sink  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Allen Baker

### 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:

**WILMINGTON REGIONAL OFFICE PWSS**

**WILMINGTON, NC 28405-3845**

**Telephone No. 910-796-7215**

Type of Supply:

☐ Community ☐ NTNC  
☐ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated  
☐ Non-Chlorinated

Free Chlorine Residual: \_\_\_\_\_

Total Chlorine Residual: \_\_\_\_\_

### RESULTS

| CONTAMINANT        | METHOD       | PRESENT                  | ABSENT                              | INVALID                  |
|--------------------|--------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>9223B</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<br>(number)     |                                     |                          |

☐ Repeat Samples Required

Date Analysis Begun: 02/02/11  
Date Analysis Completed: 02/03/11  
Laboratory Log #: 24036

COMMENTS: System Type: TNC, Water Source: Well, Special/Non-compliance(SP),  
Disfectant Used: N/A

### 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: 09:20 AM  
Time Analysis Completed: 09:30 AM  
Certified By: Susan Beasley

