N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County:	Johnston	_		
Water System ID #: Name of System:	03-51-015 Town of Selma					
-	_	_				
Sample Type:  Collected on: DATE:	03/01/10 TIME: 12:15 PM					
Location where collected:	Well #8	1 IIVI⊏12	15 PW			
	_	· 2 = Conoral -	Fan: 3 - End Tan: 4 -	- Source/Intakes: 5 - Other\		
Location Type: Location Code:		ap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  Collected By: Boris Chertock				
Location Code.	<u>W08</u>	Collected L	by. Boils Ci	<u>iertock</u>		
FOR REPEAT SAMPLE:			FOR REPLAC	CEMENT SAMPLE:		
Previous Positive Loca	Original Sample Type:					
Positive Collection Da	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Tim	ie:		Orig	inal Collection Date:		
Proximity:		Time:				
(1 = Same; 2 = Upstrear	n; 3 = Downstream)					
Mail Results To:			Type of Supp	ly:		
RALEIGH REGIONAL OFFICE PWSS 1628 MAIL SERVICE CENTER RALEIGH, NC 27699-1628 Telephone No. 919-791-4200		X Community NTNC Non-Community Private  Type of Treatment: Chlorinated X Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual:				
	RESULTS			INVALID CODES		
CONTAMINANT METHOD PRESENT ABSENT INVAI  Total Coliform 319 X			INVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>		
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: 03/01/10				Time Analysis Begun:13:18 PM_		
Date Analysis Completed:	03/02/10			Time Analysis Comple	ted: <b>08:00 AM</b>	
Laboratory Log #:	14204			Certified By: Su	ısan Beasley	
COMMENTS: Colilert	18			Tu Su	ean Brasley	