

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Dare
Water System ID #: 04-28-020
Name of System: Town of Manteo
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 03/05/12 TIME: 10:00 AM
Location where collected: Mud Room Sink, 309 Agona St.
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Joey White

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
943 WASHINGTON SQUARE MALL
WASHINGTON, NC 27889
Telephone No. 2529466481
EIN #: 562033116F COURIER #: 16-04-01

Type of Supply:

☐ Community ☐ NTNC
☐ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated
☐ Non-Chlorinated
Free Chlorine Residual: 0.10 mg/l
Total Chlorine Residual: 0.1 mg/l

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 (number)		

☐ Repeat Samples Required

Date Analysis Begun: 03/06/12
Date Analysis Completed: 03/07/12
Laboratory Log #: 34752

COMMENTS: System Type: Public, Water Source: GW, Special/Non-compliance
(SP), Disinfectant Used: Sodium Hypochlorite

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: 08:40 AM
Time Analysis Completed: 09:25 AM
Certified By: Susan Beasley

