N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laboratory 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 #: **37501** County: **Wake**
Water System ID #: **03-92-149**
Name of System: **Lake Wheeler MHP**
Sample Type: ☐ (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **03/18/10** TIME: **09:00 AM**
Location where collected: **Well #1**
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: **J. Roddy**

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:

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

Telephone No. 919-791-4200

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	319	☐	☒	☐
Fecal/E. Coli		☐	☐	☐
Heterotrophic P.C.		_____ /ml (number)		

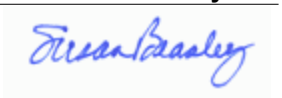
INVALID CODES

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

☐ Repeat Samples Required ☐ Replacement Samples Required

Date Analysis Begun: **03/18/10** Time Analysis Begun: **13:14 PM**
Date Analysis Completed: **03/19/10** Time Analysis Completed: **10:10 AM**
Laboratory Log #: **14969** Certified By: **Susan Beasley**

COMMENTS: Distribution System,Special,Colilert 18



DEHNR 3757 (10/90)
Public Water Supply Section (Revised 10/92)