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 #: Water System ID #: Name of System:	37501 03-92-178 Plantation MHP	County:	Wake	
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE:	 04/21/09	TIME: 1	3:20 PM	
Location where collected:	Well # 1			
Location Type:	4 (1 = Entry Tap	; 2 = General	Tap; 3 = End	Tap; 4 = Source/Intakes; 5 = Other)
Location Code:		Collected	Ву:	Greg Vital
FOR REPEAT SAMPLE:			FOR R	REPLACEMENT SAMPLE:
Previous Positive Location Code:				Original Sample Type:
Positive Collection Date:				(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Time:				Original Collection Date:
Proximity:				Time:
(1 = Same; 2 = Upstream	; 3 = Downstream)			
Mail Results To:			Туре с	of Supply:
RALEIGH REGIONA	L OFFICE PWSS	,		X Community NTNC Non-Community Private
Telephone No. 9	0-1628 19-791-4200		Туре с	of Treatment: Chlorinated  X Non-Chlorinated  Free Chlorine Residual:  Total Chlorine Residual:
	RESULTS			INVALID CODES
CONTAMINANT METHO Total Coliform 319 Fecal/E. Coli 320 Heterotrophic P.C.	DD PRESENT  X  (number)	ABSENT  X  /ml	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: 04/21/09				Time Analysis Begun: 15:24 PM
Date Analysis Completed:	04/22/09			Time Analysis Completed: 10:05 AM
Laboratory Log #:	3983			Certified By: Susan Beasley
COMMENTS: Colilert-	18			