

**BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: 37501 County: Wake  
 Water System ID #: 03-92-972  
 Name of System: L.R. Fraziers Groc  
 Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
 Collected on: DATE: 04/21/09 TIME: 14:30 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: W01 Collected By: Dwight Harris

**FOR REPEAT SAMPLE:**

**FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
 Positive Collection Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:   
 (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
 Original Collection Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Mail Results To:

Type of Supply:

**RALEIGH REGIONAL OFFICE PWSS**

Community  NTNC  
 Non-Community  Private

**RALEIGH, NC 27699-1628**

Type of Treatment:

Chlorinated  
 Non-Chlorinated

**Telephone No. 919-791-4200**

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

**RESULTS**

**INVALID CODES**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</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)				

- 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: 04/22/09  
 Date Analysis Completed: 04/23/09  
 Laboratory Log #: 3984

Time Analysis Begun: 07:52 AM  
 Time Analysis Completed: 09:15 AM  
 Certified By: Susan Beasley

COMMENTS: \_\_\_\_\_