

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Johnston
Water System ID #: 03-51-020
Name of System: Clayton Water System
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 05/11/10 TIME: 09:56 AM
Location where collected: Clayton Community Center
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 010 Collected By: Boris Chertock

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: 0.2 mg/l
Total Chlorine Residual: 1.5 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml		

(number)

☐ Repeat Samples Required

Date Analysis Begun: 05/11/10
Date Analysis Completed: 05/12/10
Laboratory Log #: 16543

COMMENTS: Colilert 18, Water Source: SWP

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: 14:03 PM
Time Analysis Completed: 09:10 AM
Certified By: Susan Beasley

