

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Wilson**
Water System ID #: **04-98-020**
Name of System: **Town of Elm City**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **05/20/09** TIME: **11:42 AM**
Location where collected: **Bloodfield Well**
Location Type: **4** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: **300** Collected By: **Greg Vital**

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

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)		

☐ Repeat Samples Required

Date Analysis Begun: **05/20/09**
Date Analysis Completed: **05/21/09**
Laboratory Log #: **5076**

COMMENTS: **18-Hr. Colilert**

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: **15:16 PM**
Time Analysis Completed: **09:50 AM**
Certified By: **Susan Beasley**