DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **3 7 5 0 1**   County: **BEAUFORT**

Water System ID #: **04-07-035**

Name of System: **Beaufort County Northside**

Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **07/07/09**   TIME: **10:57 AM**

Location where collected: **Kitchen Sink @ Betsy Sawyers River Bend # 5**

Location Type: **5** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: _____   Collected By: **Jamie Midgette**

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:

WASHINGTON REGIONAL OFFICE PWSS

WASHINGTON, NC 27889

Telephone No.   252-946-6481

Type of Supply:

[X] Community   ☐ NTNC
☐ Non-Community ☐ Private

Type of Treatment: [X] Chlorinated
☐ Non-Chlorinated

Free Chlorine Residual: _____ mg/l

Total Chlorine Residual: 2.5 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**312**	☐	[X]	☐
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: **07/08/09**

Date Analysis Completed: **07/09/09**

Laboratory Log #: **6763**

Time Analysis Begun: **08:12 AM**

Time Analysis Completed: **09:35 AM**

Certified By: *Susan Beasley*

COMMENTS: NH3 = 0.16   Monochloromine = 2.36

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