

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Johnston**  
Water System ID #: **03-51-107**  
Name of System: **Blackmon's MHP**  
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: **07/27/10** TIME: **10:30 AM**  
Location where collected: **Office Sink**  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: **500** 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: 0.96 mg/l  
Total Chlorine Residual: \_\_\_\_\_

### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<b>9223B</b>	<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)		

☐ Repeat Samples Required

Date Analysis Begun: **07/27/10**  
Date Analysis Completed: **07/28/10**  
Laboratory Log #: **18961**

COMMENTS: Water Source: G, Special/Non-compliance(SP), Colilert 18

### 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: **14:18 PM**  
Time Analysis Completed: **11:15 AM**  
Certified By: **Susan Beasley**

