BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

| Laboratory ID #: | <u>37501</u> | County: Vance | |
|---|---------------------------------------|------------------------------|---|
| Water System ID #: | 02-91-462 | _ | |
| Name of System: New Sandy Creek Baptist | | | |
| Sample Type: | 5 (1 = Routine; 2 | = Repeat; 3 = Replacement; 4 | = Plan Approval; 5 = Other) |
| Collected on: DATE: | 08/11/09 | TIME: 10:57 AM | |
| Location where collected: | Womens Bathroom | | |
| Location Type: | | | |
| Location Code: | | Collected By: Ti | m Davis |
| FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE: | | | LACEMENT SAMPLE: |
| Previous Positive Loca | tion Code: | (| Driginal Sample Type: |
| Positive Collection Date: (1=Rc | | | 1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) |
| Time: | | Driginal Collection Date: | |
| Proximity: | | | Time: |
| (1 = Same; 2 = Upstream | ; 3 = Downstream) | | |
| Mail Results To: Type of Supply: | | | |
| | | | Community NTNC |
| RALEIGH REGIONAL OFFICE PWSS X Non-Community Private | | | |
| RALEIGH, NC 27699-1628 Type of Treatment: Chlorinated | | | |
| Telephone No. 9 [,] | 19-791-4200 | | X Non-Chlorinated Free Chlorine Residual: |
| | | | Total Chlorine Residual: |
| | | | |
| | RESULTS | | INVALID CODES |
| CONTAMINANT METHO | DD PRESENT | ABSENT INVALID | 1) Confluent Growth/No Coliform Found |
| Total Coliform 319 | | | 2) TNTC/No Coliform Found3) Turbid Culture/No Coliform Found |
| Fecal/E. Coli 320 | | | 4) Over 30 Hours Old |
| Heterotrophic P.C. | (number) | /ml | 5) Improper Sample or Analysis |
| | , , , , , , , , , , , , , , , , , , , | | |
| Repeat Samples Required Replacement Samples Required | | | |
| Date Analysis Begun: | 08/11/09 | | Time Analysis Begun: 15:19 PM |
| Date Analysis Completed: | 08/12/09 | | Time Analysis Completed: 10:15 AM |
| Laboratory Log #: | 8053 | | Certified By: Susan Beasley |
| COMMENTS: | | | |