

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Edgecombe
Water System ID #: 04-33-040
Name of System: Town Of Whitakers
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 09/08/09 TIME: 14:30 PM
Location where collected: 401 West Nash St., Town of Whitakers, NC 27891
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 005 Collected By: Dwight Harris

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: _____ mg/l
Total Chlorine Residual: 1.7 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</u>	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: 09/09/09
Date Analysis Completed: 09/10/09
Laboratory Log #: 8990

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: 07:57 AM
Time Analysis Completed: 10:40 AM
Certified By: Susan Beasley

COMMENTS: _____