N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: Water System ID #: Name of System:	3 7 5 0 1 03-68-152 Oak Grove MHP	County: _	Orange	ge		
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	Collected on: DATE: 09/09/09 TIME: 09:50 AM					
Location where collected:	Distribution Sys					
Location Type:	2 (1 = Entry Tap	; 2 = General T	ap; 3 = End T	Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected B	y: <u>D</u>	Dwight Harris		
FOR REPEAT SAMPLE:		FOR REPLACEMENT SAMPLE:				
Previous Positive Location Code:		Original Sample Type:				
Positive Collection Date	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Time:		Original Collection Date:				
Proximity:				Time:		
(1 = Same; 2 = Upstream	; 3 = Downstream)					
Mail Results To:			Type of	of Supply:		
RALEIGH REGIONA	L OFFICE PWSS			X Community NTNC Non-Community Private		
Telephone No. 9	)-1628 19-791-4200		Type of	of Treatment: Chlorinated  X Non-Chlorinated  Free Chlorine Residual:  Total Chlorine Residual:		
	RESULTS			INVALID CODES		
CONTAMINANT METHO Total Coliform 319 Fecal/E. Coli Heterotrophic P.C.	DD PRESENT	ABSENT  X /ml	INVALID	<ol> <li>Confluent Growth/No Coliform Fou</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	nd	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: 09/09/09				Time Analysis Begun: 14:56	РМ	
Date Analysis Completed:	09/10/09			Time Analysis Completed: 10:40	AM	
Laboratory Log #:	9074			Certified By: Susan Beasley		
COMMENTS: 18 Collide	ert					