N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

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

Laboratory ID #:	<u>37501</u>	County: _	WAKE		
Water System ID #:	03-92-010	. =:0::			
Name of System:		CITY OF RALEIGH			
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
	ATE: 09/10/14 TIME: 10:50 AM				
Location where collect	_	ARCHDALE BLDG, 12TH FLOOR			
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:		Collected B	y: Allen Ha	rdy	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:					
Previous Positive Location Code: Or			Origina	al Sample Type:	
Positive Collection Date: (1=Rou			utine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time: Origin			al Collection Date:		
Proximity:			Time		
(1 = Same; 2 = I	Jpstream; 3 = Downstre	am)			
Mail Results To: Type of Supply:					
RALEIGH REGIONAL OFFICE PWSS					
1628 MAIL SERVICE CENTER Non-Community Private					
RALEIGH, NC 27699-1628 Type of Treatment: Chlorinated					
Non Oblasia stad					
Telephone No. 919-791-4200				Free Chlorine Residual:	
EIN #: 56 2033116 R COURIER #: 51			-00	Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.		NT ABSENT  X  CECFU /ml  mber)	INVALID	<ol> <li>Confluent Growth/No Coliform Found</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>	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun Date Analysis Comple Laboratory Log #:				Time Analysis Begun: 12:40 PM Time Analysis Completed: 13:25 PM Certified By: Susan Beasley	
	Special / Non-compliand	e (SP), System Type	: C, Water Source: S, I	Request Susa Basely	
	HPC				