

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Nash**
Water System ID #: **04-64-050**
Name of System: **Town of Middlesex**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **09/15/09** TIME: **09:57 AM**
Location where collected: **Doctor's office IA4**
Location Type: **2** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: **IA4** Collected By: **Greg Vital**

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: .13 mg/l
Total Chlorine Residual: .13 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	312	☐	☒	☐
Fecal/E. Coli		☐	☐	☐
Heterotrophic P.C.		_____/ml		

(number)

☐ Repeat Samples Required

Date Analysis Begun: **09/15/09**
Date Analysis Completed: **09/16/09**
Laboratory Log #: **9253**

COMMENTS:

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: **11:24 AM**
Time Analysis Completed: **13:30 PM**
Certified By: **Susan Beasley**