

N.C. Department of Environmental, Health, and Natural Resources  
Division of Laboratory Services  
State Laboratory of Public Health  
P.O.Box 28047 - 4312 District Drive  
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DO NOT WRITE IN THIS SPACE

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: BEAUFORT  
Water System ID #: 04-07-020  
Name of System: TOWN OF AURORA  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 10/04/16 TIME: 11:40 AM  
Location where collected: 713 HELEN DR  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Joey White

**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:

**WASHINGTON REGIONAL OFFICE PWSS**  
**943 WASHINGTON SQUARE MALL**  
**WASHINGTON, NC 27889**  
**Telephone No. 2529466481**  
**EIN #: 562033116F**

Type of Supply:

Community  NTNC  
 Non-Community  Private

Type of Treatment:

Chlorinated  
 Non-Chlorinated

Free Chlorine Residual: 0.73 mg/l  
Total Chlorine Residual: \_\_\_\_\_

**COURIER #: 16-04-01**

#### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		
(number)				

Repeat Samples Required

Date Analysis Begun: 10/05/16  
Date Analysis Completed: 10/06/16  
Laboratory Log #: \_\_\_\_\_

COMMENTS: Special / Non-compliance (SP), System Type: Com, Water Source: GW,  
Disinfectant Used: Gas Cl2

#### 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: 09:15 AM  
Time Analysis Completed: 09:30 AM  
Certified By: Susan Beasley

