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

Laboratory ID #:	<u>37501</u>	County:	Nash			
Water System ID #:	04-64-404					
Name of System:  Northern Nash School  Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Sample Type:						
Collected on: DATE:	10/07/09		10:20 AM			
Location where collected:	Kitchen Sink Ba		T 0 F 1 T-	and A. Oassaa (latalises 5 Others)		
Location Type:	_			ap; 4 = Source/Intakes; 5 = Other)		
Location Code:	NN1	Collected	Ву:	Greg Vital		
FOR REPEAT SAMPLE:			FOR RE	PLACEMENT SAMPLE:		
Previous Positive Loc	cation Code:			Original Sample Type:		
Positive Collection Da	ate:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:				Original Collection Date:		
Proximity:				Time:		
(1 = Same; 2 = Upstrea	m; 3 = Downstream)					
Mail Results To:			Type of	Type of Supply:		
RALEIGH REGION	AL OFFICE PWS	8		Community X  Non-Community	NTNC Private	
RALEIGH, NC 2769	99-1628		Type of	Treatment: X Chlorinated		
Telephone No.	919-791-4200			Non-Chlorinated Free Chlorine Residua Total Chlorine Residu	al: <u>0.35 mg/l</u>	
	RESULTS			INVALID CODES		
CONTAMINANT METHOD PRESENT ABSENT INVALID  Total Coliform 319 X				<ul><li>2) TNTC/No Coliform Found</li><li>3) Turbid Culture/No Colifor</li><li>4) Over 30 Hours Old</li></ul>	<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 I	Replacement Samples Required	
Date Analysis Begun:	10/07/09			Time Analysis Begun:	13:38 PM	
Date Analysis Completed:	10/08/09			Time Analysis Completed:	10:30 AM	
Laboratory Log #:	9975			Certified By: Joy	Hayes	
COMMENTS: Coliler	t 18					