

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Wake  
Water System ID #: 43-92-148  
Name of System: Wood Trace S/D  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 10/13/09 TIME: 09:00 AM  
Location where collected: Location Code 004  
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: 004 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: 1.0 mg/l  
Total Chlorine Residual: 1.0 mg/l

### RESULTS

| CONTAMINANT        | METHOD     | PRESENT                  | ABSENT                              | INVALID                  |
|--------------------|------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>319</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: 10/13/09  
Date Analysis Completed: 10/14/09  
Laboratory Log #: 10131

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: 16:05 PM  
Time Analysis Completed: 11:45 AM  
Certified By: Susan Beasley