

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Halifax  
Water System ID #: 40-42-002  
Name of System: Halifax C. - 13 Bridges Rd.  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 12/14/09 TIME: 13:10 PM  
Location where collected: SR # 1111 Dead End 75  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: 802 Collected By: Boris Chertock

**FOR REPEAT SAMPLE:**

**FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:   
(1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

Type of Supply:

**RALEIGH REGIONAL OFFICE PWSS  
1628 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1628**

Community  NTNC  
 Non-Community  Private

Telephone No. **919-791-4200**

Type of Treatment:

Chlorinated  
 Non-Chlorinated

Free Chlorine Residual: 0.7 mg/l

Total Chlorine Residual: \_\_\_\_\_

#### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</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)				

#### 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

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 12/15/09

Time Analysis Begun: 08:20 AM

Date Analysis Completed: 12/16/09

Time Analysis Completed: 09:45 AM

Laboratory Log #: 12019

Certified By: Susan Beasley

COMMENTS: \_\_\_\_\_