

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Wake
 Water System ID #: 03-92-373
 Name of System: Bayleaf
 Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
 Collected on: DATE: 12/15/09 TIME: 09:05 AM
 Location where collected: Swans Mill # 1
 Location Type: 4 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
 Location Code: SM1 Collected By: SG

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:

**RALEIGH REGIONAL OFFICE PWSS
 1628 MAIL SERVICE CENTER
 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: _____
 Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>316</u>	<input type="checkbox"/>	<input checked="" 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: 12/16/09
 Date Analysis Completed: 12/17/09
 Laboratory Log #: 12119

Time Analysis Begun: 08:29 AM
 Time Analysis Completed: 09:50 AM
 Certified By: Susan Beasley

COMMENTS: _____