

18hr

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC - - County:
Name of Water System: System Type: Water Source:

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
Location Code: Tap Location: Street Address: City: Newland
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD) *
Facility ID: Sample Point:
* for systems with a population ≤ 1,000

Collected - BY: DATE: TIME: : , m

Mail Results to (water system representative):

Phone #:
Fax #:
Responsible Person's email:

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
Previous Positive Laboratory ID Number:
" Positive Laboratory Log Number:
" Positive Location Code:
" Positive Collection Date: / /

Disinfectant Used:
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): mg/L

Laboratory ID Number: Repeat Samples Required from Client Resample Required from Client

| CONTAM CODE | CONTAMINANT | METHOD CODE | RULE | RESULTS | | Invalid Code |
|-------------|---------------------------------|-------------|----------|------------------------|---------------|--------------|
| | | | | Present ^{1,2} | Absent | |
| 3100 | Total Coliform | COLILERT | RTCR/GWR | | ✓ | |
| 3014 | E. coli | COLILERT | RTCR/GWR | | ✓ | |
| 3002 | Enterococci | | GWR | | | |
| 3028 | Coliphage | | GWR | | | |
| 3001 | Heterotrophic P.C. ³ | | | | cfu/mL or MPN | |

- INVALID CODES:
- 1 Confluent Growth / No Coliform Growth Found
 - 2 TNTC/No Coliform Growth Found
 - 3 Turbid Culture / No Coliform Growth Found
 - 4 Over 30 Hours Old
 - 5 Improper Sample or Analysis ⁴

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: TIME: : , m (Date as: mm/dd/yy)
Analyses Completed — DATE: TIME: : , m (Time as: h:mm am/pm)

Laboratory Log Number: Certified By: (Print and sign name)

COMMENTS: _____

18hr

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC - - County:
Name of Water System: System Type: Water Source:

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
Location Code: Tap Location: Street Address: City: Newland
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD) *
Facility ID: Sample Point:
* for systems with a population ≤ 1,000

Collected — BY: DATE: TIME: : , m

Mail Results to (water system representative):

Phone #:
Fax #:
Responsible Person's email:

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
Previous Positive Laboratory ID Number:
" Positive Laboratory Log Number:
" Positive Location Code:
" Positive Collection Date: / /

Disinfectant Used:
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): mg/L

Laboratory ID Number: Repeat Samples Required from Client Resample Required from Client

| CONTAM CODE | CONTAMINANT | METHOD CODE | RULE | RESULTS | | Invalid Code |
|-------------|---------------------------------|-------------|----------|------------------------|--------|---------------|
| | | | | Present ^{1,2} | Absent | |
| 3100 | Total Coliform | COLILERT | RTCR/GWR | | ✓ | |
| 3014 | E. coli | COLILERT | RTCR/GWR | | ✓ | |
| 3002 | Enterococci | | GWR | | | |
| 3028 | Coliphage | | GWR | | | |
| 3001 | Heterotrophic P.C. ³ | | | | | cfu/mL or MPN |

- INVALID CODES:
- | | |
|---|---|
| 1 | Confluent Growth / No Coliform Growth Found |
| 2 | TNTC/No Coliform Growth Found |
| 3 | Turbid Culture / No Coliform Growth Found |
| 4 | Over 30 Hours Old |
| 5 | Improper Sample or Analysis ⁴ |

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: TIME: : , m (Date as: mm/dd/yy)
Analyses Completed — DATE: TIME: : , m (Time as: h:mm am/pm)

Laboratory Log Number: Certified By: (Print and sign name)

COMMENTS: _____