Water Quality Lab & Operations, Inc. P.O. Box 1167 Banner Elk, NC 28604 Phone # (828) 898-6277/Fax# (828) 898-6255



BACTERIOLOGICAL ANALYSIS

Note: $\underline{\textit{All}}$ applicable information must be supplied for compliance credit.

MANUAL PROPERTY.									
Water Syste	em Number: NC	0 1 - 0	6 - 0	0 2 0 County: Avery					
Name of Wa	ater System: Town	of Newland			System Type	: C	Water Source:	GW	
Sample Sample	ution System — Revised Type: Routine (RT tion Code: \mathcal{OOD} Tap theck (\sqrt) if sample site is a check (\sqrt) if sample site is a proint: Routine Origi	Repeat Location: 34446 wned or controlled daycare or a K-12	(RP)	Special / Non-complia Street Address: _ tem.	ance (SP)		City: Newl		
Source	e Water — Ground Water	Rule (GWR)		AND	WAY THE THE THE AND AND HAS THE THE THE THE THE				
Sample Facility	e Type: Triggered (TG		al/Confirmation	(CO) Assessm	nent (RT)		stribution Repeat (T with a population ≤		
Collected -	- BY: Harold Shell		DATE:	1105	124	TIME: /	5 : 55 ,	A m	
KEITH I	s to (water system repre	sentative):	2 3	Complete for Repeat, Triggered, or Additional / Confirmation Samples: Previous Positive Laboratory ID Number: " Positive Laboratory Log Number: " Positive Location Code: " Positive Collection Date: / / / / / / / / / / / / / / / / / / /					
Responsibl	le Person's email:			Total Chlorine Re	esidual (chloran	nines):	.27	mg/L mg/L	
 Laboratory	ID Number: 3 7	7 7 0	Rep	peat Samples Required fr	rom Client	R	esample Required for	om Client	
CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS Present 1, 2 Abset	Inva	do	CODES:		
3100	Total Coliform	COLILERT	RTCR/GWR	V		1 1 1 1	onfluent Growth / o Coliform Growth For	ınd	
3014	E. coli	COLILERT	RTCR/GWR	ĺ			NTC/No Coliform Grov		
3002	Enterococci		GWR			1 1 2 1	urbid Culture / o Coliform Growth Fo	ınd	
3028	Coliphage		GWR	Ţ.			ver 30 Hours Old	Market Shiri	
3001	Heterotrophic P.C. ³			cfu/mL o	or MPN	5 In	proper Sample or An	alysis ⁴	
	rococci or coliphage is present, 48 hours. ³ If HPC is absent, ente								
	alyses Begun — <u>DATE:</u> es Completed — <u>DATE:</u>	日 / 日	512	TIME: 1 1	: 55	, Pm , Am	(Date as: mm/dd/yy (Time as: h:mm am/		
Laboratory COMMENTS	Log Number:		8	Certified By:	Paul Isenhou	(Print and	sign name)	2	
	78-178-178-178-179-179-178-178-178-178-178-178-178-178-178-178		avante della seriesi						

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BACTERIOLOGICAL ANALYSIS

Note: $\underline{\textit{All}}$ applicable information must be supplied for compliance credit.

Water System Number: NO	6 - 0	O 2 0 County: Avery					
Name of Water System: Tow	n of Newland			System Type	: [C	Water Source:	GW
Distribution System — Revise Sample Type: Routine (R Location Code: DDD Ta Check (√) if sample site is Check (√) if sample site is Sample Point: Routine Original	RT) Repeat ap Location: BAHA owned or controlle	(RP) Sind of the control of the cont	Special / Non-compli	ance (SP)		City: Newl	
Source Water — Ground Water Sample Type: Triggered (1) Facility ID:		nal/Confirmation	(CO) Assessn	nent (RT)		ed/Distribution Repeat (T iems with a population \leq '	•
Collected - BY: Harold Shell		DATE:	1105	124	TIME:	0:30,	A m
Mail Results to (water system repr KEITH HOILMAN P.O. BOX 429 NEWLAND, NC 28657 Phone #: 8 2 8 7 3	2 3	Complete for Repeat, Triggered, or Additional / Confirmation Samples: Previous Positive Laboratory ID Number: " Positive Laboratory Log Number: " Positive Location Code: " Positive Collection Date: / / / / / / / / / / / / / / / / / / /					
Fax #: Responsible Person's email: newlandwaterworks@yahoo.com			Disinfectant Used: Total Chlorine Re Free Chlorine Re	esidual (chloran	nines):	orine	mg/L mg/L
Laboratory ID Number: 3 7	7 7 7 0	Rep	peat Samples Required fr	rom Client		Resample Required fr	om Client
CONTAM CODE CONTAMINANT	METHOD CODE	RULE	RESULTS Present 1, 2 Abser	Inva	do	ALID CODES:	
3100 Total Coliform	COLILERT	RTCR/GWR	I V		1	Confluent Growth / No Coliform Growth Fou	ınd
3014 E. coli	COLILERT	RTCR/GWR			2	TNTC/No Coliform Grov	
3002 Enterococci		GWR			3	Turbid Culture / No Coliform Growth For	ınd
3028 Coliphage		GWR			4	Over 30 Hours Old	arru
3001 Heterotrophic P.C. ³			cfu/mL	or MPN	5	Improper Sample or An	alysis 4
If E. coli, enterococci or coliphage is present to State within 48 hours. If HPC is absent, er Analyses Begun — DATE: Analyses Completed — DATE:	nter a "0" left of the "cfu					e below in comments. (Date as: mm/dd/yy	
Laboratory Log Number:		7	Certified By:	Paul Isenhou	ir/ U//	and sign name)	

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