

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Wilson
 Water System ID #: 04-98-605
 Name of System: SK Mart
 Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
 Collected on: DATE: 07/18/12 TIME: 11:35 AM
 Location where collected: Mens Restroom
 Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
 Location Code: E02 Collected By: Kirsten Zillman

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
Telephone No. 9195714700
EIN #: 562033116R COURIER #: 52-01-00

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>9223B</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</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: 07/18/12
 Date Analysis Completed: 07/19/12
 Laboratory Log #: 38298

Time Analysis Begun: 15:00 PM
 Time Analysis Completed: 09:30 AM
 Certified By: Susan Beasley

COMMENTS: Special/ Non-compliance, System Type: NC, Water Source: GW,
Colilert - 18 Hr., Time of collection given by phone per K. Zillman. (SB)

