

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Vance
Water System ID #: 02-91-010
Name of System: Henderson/Kerr Lake
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 07/23/12 TIME: 10:26 AM
Location where collected: 661 Vicksboro Rd. (Kit Sink)
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Allen Hardy

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

Type of Supply:

Community NTNC
 Non-Community Private

Type of Treatment:

Chlorinated
 Non-Chlorinated
Free Chlorine Residual: 0.02 mg/l
Total Chlorine Residual: _____

COURIER #: 52-01-00

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</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: 07/23/12
Date Analysis Completed: 07/24/12
Laboratory Log #: 38345

Time Analysis Begun: 14:00 PM
Time Analysis Completed: 10:35 AM
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance, Water Source: SW, HPC results to be reported separately. Colilert-18 Hour reagent used for testing.

