



PO BOX 1410
 ANDREWS, NC 28901
 LAB: 828-360-3966
 MOBILE: 828-360-6402

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 — Total Coliform Rule (TCR)
 Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
 Facility ID: Location Code: Location Where Collected:
 Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
 Sample Type: Triggered (RT) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (RPOT) *
 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 | COLISURE | TCR | | X | |
| 3014 | <i>E. coli</i> | COLISURE | TCR / GWR | | X | |
| 3002 | Enterococci | | GWR | | | |
| 3028 | Coliphage | | GWR | | | |
| 3013 | Fecal Coliform | | TCR | | | |
| 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 Analysis⁴

¹If fecal, *E. coli*, enterococci or coliphage is present, lab must fax results to the State on day test completed. ²If total coliform bacteria is present, lab must fax results to the State within 24 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:



PO BOX 1410
 ANDREWS, NC 28901
 LAB: 828-360-3966
 MOBILE: 828-360-6402

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 — Total Coliform Rule (TCR)
 Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
 Facility ID: Location Code: Location Where Collected:
 Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
 Sample Type: Triggered (RT) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (RPOT) *
 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 | COLISURE | TCR | | X | |
| 3014 | E. coli | COLISURE | TCR / GWR | | X | |
| 3002 | Enterococci | | GWR | | | |
| 3028 | Coliphage | | GWR | | | |
| 3013 | Fecal Coliform | | TCR | | | |
| 3001 | Heterotrophic P.C. ³ | | | | | |

- 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 Analysis⁴

¹If fecal, E. coli, enterococci or coliphage is present, lab must fax results to the State on day test completed. ²If total coliform bacteria is present, lab must fax results to the State within 24 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: