



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)
OR
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 Analysis ⁴ |

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: 828-644-4835

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 Facility ID: Location Code: Location Where Collected:
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 Facility ID: Sample Point: * for systems with a population ≤ 1,000

Collected — BY: DATE: / / TIME: : , M

Mail Results to (water system representative):
 Deer Ridge
 Steve Buchanan/Matt Brickman
 Phone #: - -
 Fax #: - -
 Responsible Person's email:

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
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Laboratory Log Number: Certified By:

COMMENTS: (Print and sign name)



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