



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 <sup>1,2</sup>	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. <sup>3</sup>					

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 <sup>4</sup>

<sup>1</sup>If fecal, E. coli, enterococci or coliphage is present, lab must fax results to the State on day test completed. <sup>2</sup>If total coliform bacteria is present, lab must fax results to the State within 24 hours. <sup>3</sup>If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. <sup>4</sup>Explain 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:



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Mail Results to (water system representative):  
 Deer Ridge/Kevin Powers  
 Phone #:  -  -   
 Fax #:  -  -   
 Responsible Person's email:

Complete for Repeat, Triggered, or Additional/Confirmation Samples:  
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COMMENTS: