BACTERIOLOGICAL ANALYSIS

Note: <u>All</u> applicable information must be supplied for compliance credit

Water System Number: NC ☐☐ - ☐☐ - ☐☐☐   **County:** _____

Name of Water System: _____   **System Type:** _____   **Water Source:** _____

— —

☐ **Distribution System — Revised Total Coliform Rule (RTCR)**   **Facility ID: D01**

    Sample Type: ☐ Routine (RT)   ☐ Repeat (RP)   ☐ Special / Non-compliance (SP)

I OR I

    Location Code: _ _ _ _   **Tap Location:** _____ **Street Address:** _____ **City:** _____

    ☐ Check (√) if sample site is owned or controlled by water system.

    ☐ Check (√) if sample site is a daycare or a K-12 school.

    Sample Point: ☐ Routine Original (RTOR)   ☐ Repeat-Original Tap (RPOR)   ☐ Repeat-Upstream (RPUP)   ☐ Repeat-Downstream (RPDN)

— —

☐ **Source Water — Ground Water Rule (GWR)**

    Sample Type: ☐ Triggered (TG)   ☐ Additional/Confirmation (CO)   ☐ Assessment (RT)   ☐ Triggered/Distribution Repeat (TD) *
         * for systems with a population ≤ 1,000

    Facility ID: ☐☐☐   **Sample Point:** ☐☐☐

Collected –   <u>BY:</u> _____   <u>DATE:</u> ☐☐ / ☐☐ / ☐☐   <u>TIME:</u> ☐☐ : ☐☐ , ☐ 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 Present [1,2]	RESULTS Absent	Invalid Code
3100	Total Coliform		RTCR/GWR			
3014	*E. coli*		RTCR/GWR			
3002	Enterococci		GWR			
3028	Coliphage		GWR			
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]

[1]If *E. coli*, enterococci or coliphage is present, lab must report results to State on day test completed. [2]If total coliform bacteria is present, lab must report results to State within **48** hours. [3]If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. [4]Explain invalid code below in comments.

Analyses Begun — <u>DATE:</u> ☐☐ / ☐☐ / ☐☐   <u>TIME:</u> ☐☐ : ☐☐ , ☐ m   (Date as: mm/dd/yy)

Analyses Completed — <u>DATE:</u> ☐☐ / ☐☐ / ☐☐   <u>TIME:</u> ☐☐ : ☐☐ , ☐ m   (Time as: h:mm am/pm)

Laboratory Log Number: _____   **Certified By:** _____

                                                      (Print and sign name)

COMMENTS: _____