

(Laboratory Letterhead Required)

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 — Revised Total Coliform Rule (RTCR) Facility ID: D01

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

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) *

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		RTCR/GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3014	<i>E. coli</i>		RTCR/GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3002	Enterococci		GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3028	Coliphage		GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3001	Heterotrophic P.C. ³			cfu/mL or MPN		<input type="text"/>

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 *E. coli*, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 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: