RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

RESEARCH & ANALYTICAL LABS. SIDNEY L. CHAMPION NC #37701 DIRECTOR CERTIFIED ANALYSIS

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)

OR

Facility ID: D 0 1 **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 (TG) ☐ Additional/Confirmation (CO) ☐ Assessment (RT) ☐ Triggered/Distribution Repeat (TG) *

* for systems with a population ≤ 1,000

Facility ID: [ ][ ][ ] **Sample Point:** [ ][ ][ ]

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: 3 7 7 0 1

☐ **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		TCR / GWR			
3014	*E. coli*		TCR / GWR			
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]

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

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: _____

2011

Laboratory should mail results to:

Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634

Fax #: (919) 715-6637

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