

Environment 1, Incorporated

P.O. Box 7085, 114 Oakmont Drive
Greenville, NC 27835-7085

Laboratory ID#: 37715

Phone: (252) 756-6208

Fax: (252) 756-0633

BACTERIOLOGICAL ANALYSIS

Note: All appropriate information must be supplied for compliance credit.

WATER SYSTEM ID#:

County:

Name of Water System:

System Type:

Water Source:

Distribution System – Total Coliform Rule (TCR)

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

Facility ID: D01 Location Code: ___ ___ ___ Location Where Collected: _____

Sample Point: Routine Original (RTOR) Repeat Original (RPOR) Repeat Upstream (RPUP) Repeat Down (RPDN)

Source Water – Ground Water Rule (GWR)

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

Facility ID: ___ ___ ___ Sample Point: ___ ___ ___

Collected By:

Or: _____
(Please Print)

Collection Date	Collection Time
___ / ___ / ___	___ : ___ am pm

Mail Results to (water system representative):

Complete for Repeat, Triggered, or Additional/Confirmation Samples:
Previous Positive Lab ID Number: _____
Previous Positive Lab Log #: _____
Previous Positive Location Code: _____
Previous Positive Collection Date: ___ / ___ / ___

Phone #:

Fax #:

Responsible Person's email:

Disinfectant Used: _____

Total Chlorine Residual (Chloramines): _____ mg/l

Free Chlorine Residual (Chlorine): _____ mg/l

LABORATORY ID#: 37715 () Repeat Samples Required From Client () Resample Required From Client

CONTAM	METHOD	RESULTS	INVALID CODE #s
CODE	CONTAMINANT	CODE	PRESENT ^{1,2} ABSENT INVALID
3100	Total Coliform	COLITAG	() () () 1) Confluent Growth / No Coliform Found
3014	E. coli		() () () 2) TNTC/ No Coliform Found
3013	Fecal Coliform		() () () 3) Turbid Culture / No Coliform Found
3001	Heterotrophic P.C ³		() () () 4) Over 30 Hours Old
		MPN/ml	5) Improper Sample Or Analysis ⁴

NOTES: ¹ If Fecal/E. coli bacteria is present, the laboratory must fax analytical results to the State on the day test completed.

² If Total Coliform bacteria is present, the laboratory must fax analytical results to the State within 24 hours.

³ If HPC is absent, enter "0" left of the "cfu/ml or MPN" units; if present enter a whole number.

⁴ Invalid samples (code #5) should be accompanied by an explanation in the comments below.

Laboratory Log #:

	DATE:	TIME:
ANALYSES BEGUN:		
ANALYSES COMPLETED:		

Certified by:

Comments:

<p>NOTE: FRIDAY SAMPLES SAMPLES ARRIVING AT THE LABORATORY AFTER 4:30 PM ON FRIDAY WILL BE ASSESSED A SET-UP CHARGE OF \$50.00 PER SAMPLE IN ADDITION TO THE USUAL TESTING FEE.</p>
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