

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Wake
Water System ID #: 40-92-032
Name of System: Holland Downs
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 08/26/09 TIME: 09:32 AM
Location where collected: Well #1
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Greg Vital

FOR REPEAT SAMPLE:

FOR REPLACEMENT SAMPLE:

Previous Positive Location Code: _____
Positive Collection Date: _____
Time: _____
Proximity:
(1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Original Collection Date: _____
Time: _____

Mail Results To:

Type of Supply:

RALEIGH REGIONAL OFFICE PWSS

Community NTNC
 Non-Community Private

RALEIGH, NC 27699-1628

Type of Treatment:

Chlorinated
 Non-Chlorinated

Telephone No. 919-791-4200

Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS

INVALID CODES

| CONTAMINANT | METHOD | PRESENT | ABSENT | INVALID |
|--------------------|------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform | <u>319</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fecal/E. Coli | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | _____ | _____/ml (number) | | |

- 1) Confluent Growth/No Coliform Found
- 2) TNTC/No Coliform Found
- 3) Turbid Culture/No Coliform Found
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 08/26/09
Date Analysis Completed: 08/27/09
Laboratory Log #: 8641

Time Analysis Begun: 13:31 PM
Time Analysis Completed: 10:15 AM
Certified By: Susan Beasley

COMMENTS: Transient