Piedmont Triad Regional Water Authority
7297 Adams Farm Road
Randleman, NC 27317
336-498-5510

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC ___ - ___ - ___ **County:**

Name of Water System: **System Type:** NC **Water Source:** GW

Distribution System — Total Coliform Rule (TCR)

— OR —

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

Facility ID: **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 4 2 3 ☐ **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	SM9223B	TCR / GWR			
3014	*E. coli*	SM9223B	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 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:

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