

Payable To:
Dale Mathews
3191 Gela Road
Oxford, NC 27565
Ph. 919-691-1056

Email: mmwaterservices@yahoo.com

To: BCD Construction

Bacteriological Analysis @ 4120 Emily Lane
\$100.00

Total: \$100.00

MATHEWS WATER TREATMENT

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC - - County: Granville
Name of Water System: 4120 Emily Lane System Type: Private Water Source: TCR

☐ Distribution System — Total Coliform Rule (TCR)
Sample Type: ☐ Routine (RT) ☐ Repeat (RP) ☒ Special / Non-compliance (SP)
Facility ID: D 0 1 Location Code: 0 0 1 Location Where Collected: Well Head
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) *
Facility ID: Sample Point:
* for systems with a population $\leq 1,000$

Collected — BY: Dale Mathews DATE: 1 0 : 1 6 / 2 4 TIME: 0 5 : 0 0 : p m

Mail Results to (water system representative):

Dale Mathews
 3191 Gela Road
 Oxford, NC 27565
Phone #: 9 1 9 6 9 1 1 3 0 4
Fax #: 9 1 9 ## 6 9 3 3 0 4 2

Responsible Person's email:

mmwaterservices@yahoo.com

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: n/a
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine):

Laboratory ID Number: 3 7 9 0 3 ☐ Repeat Samples Required from Client

☐ Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present	Absent	
3100	Total Coliform	Colitag 3100	TCR / GWR		X	
3014	E. coli	Colitag 3014	TCR / GWR		X	
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

¹If fecal, 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: 1 0 / 2 1 2 4 TIME: 1 2 : 4 6 : p m (Date as: mm/dd/yy)
Analyses Completed — DATE: 1 0 / 2 2 2 4 TIME: 1 2 : 5 3 : p m (Time as: h:mm am/pm)

Laboratory Log Number: 12071-4120 Emily Lane

Dale Mathews

COMMENTS:

NCDENR

Public Water Supply Section