

MATHEWS WATER TREATMENT

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC - - County: Vance
Name of Water System: 358 Poole Rock Road 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: Outside Spigot
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: 0 4 / 0 2 / 2 4 TIME: 1 1 : 5 6 : a 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:
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): ## mg/L

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	

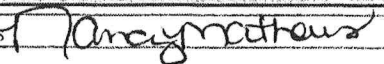
INVALID CODES:

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: 0 4 / 0 2 2 4 TIME: 1 2 : 2 6 : p m (Date as: mm/dd/yy)

Analyses Completed — DATE: 0 4 / 0 3 2 4 TIME: 1 2 : 3 2 : p m (Time as: h:mm am/pm)

Laboratory Log Number: 11229-358 Poole Rock Road Certified By: Nancy Mathews 

COMMENTS:

NCDENR

Public Water Supply Section

Payable To:
Dale Mathews
3191 Gela Road
Oxford, NC 27565
Ph. 919-691-1056
Fax 919-693-3042
Email: mmwaterservices@yahoo.com

To: Coldwell banker/ Mike Garrett

Bacteriological Analysis @ 358 Poole Rock Road
\$100.00

Total: \$100.00