



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)
 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) *
 Facility ID: Sample Point: * for systems with a population ≤ 1,000

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: Repeat Samples Required from Client Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present ^{1,2}	Absent	
3100	Total Coliform	SM9223B	TCR / GWR			
3014	<i>E. coli</i>	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

¹If fecal, *E. coli*, enterococci or coliphage is present, lab must fax results to the State on day test completed. ²If total coliform bacteria is present, lab must fax results to the State within **24** 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: / / 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: