

**JACKSON COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**538 Scotts Creek Road, Sylva, NC, 28779**  
**Telephone: (828) 586-8994, Fax: (828) 586-3493**

**BACTERIOLOGICAL ANALYSIS**

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

Water System Number: NC   -   -   County:

Name of Water System:  System Type:  Water Source:

**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) \*  
\* 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:        Repeat Samples Required from Client  Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present <sup>1,2</sup>	Absent	
3100	Total Coliform		TCR / GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3014	<i>E. coli</i>		TCR / GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3002	Enterococci		GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3028	Coliphage		GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3013	Fecal Coliform		TCR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3001	Heterotrophic P.C. <sup>3</sup>			<input type="text"/>	cfu/mL or MPN	<input type="text"/>

**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 <sup>4</sup>

<sup>1</sup>If fecal, *E. coli*, enterococci or coliphage is present, lab must fax results to the State on day test completed. <sup>2</sup>If total coliform bacteria is present, lab must fax results to the State within **24** hours. <sup>3</sup>If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. <sup>4</sup>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: