



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 ^{1,2}	Absent	
3100	Total Coliform	9223B	TCR / GWR	<input type="text"/>	<input type="text"/>	<input type="text"/>
3014	<i>E. coli</i>	9223B	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. ³			<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 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: / / 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: