

North Carolina State Laboratory of Public Health  
4312 District Dr. – P. O. Box 28047, Raleigh, NC 27607  
Tel 919-733-7308 Fax 919-715-8611 MSC 1918

**Environmental Microbiology Private Well-Water Sample**

Complete all items – please write legibly.

Bacterial  
Re-Sample

<b>Well Identification:</b> Well Permit #: <u>BLES1903-0026</u> Name: <u>Robert Buchanan</u> Physical Address: <u>260 Black Lane</u> City: <u>Lillington</u> Zip: <u>27546</u> County: <u>Harnett</u> GPS Location:	<b>Water Source:</b> <input type="checkbox"/> Existing Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other: <b>Sample Collection:</b> *Date: <u>10/30/19</u> *Time: <u>10:30</u> <u>AM/PM</u> Sampling point: <u>Well Head</u> Collected by: <u>[Signature]</u>
---	---

<b>*Report to EIN:</b> EH Specialist: <u>Andrew Curran</u> Health Department: <u>Harnett County</u>	Address: <u>307 W. Cornelius Harnett Blvd</u> City: <u>Lillington</u> Zip: <u>27546</u> Phone: <u>910 893 7547</u>
---	--

**Analysis Request – Check requested analysis - one per kit**

<input checked="" type="checkbox"/> Total Coliform/ <i>E. coli</i> , P/A	<input type="checkbox"/> Enterococcus, MPN	<input type="checkbox"/> Iron Bacteria/Microscopic Exam
<input type="checkbox"/> Total Coliform/ <i>E. coli</i> , MPN	<input type="checkbox"/> Pseudomonas, MPN	<input type="checkbox"/> Sulfur/Sulfate-Reducing Bacteria, P/A
<input type="checkbox"/> Fecal Coliform, MPN	<input type="checkbox"/> Heterotrophic Plate Count, cfu/mL	<input type="checkbox"/> New-Well repeat/follow-up
<input type="checkbox"/> Grade A Milk Program Sample	<input type="checkbox"/> Other (contact laboratory prior to submittal):	

P/A = Presence/Absence      MPN = Most Probable Number (quantitative result)

<b>Laboratory Use Only:</b> Date/Time: _____ AM/PM Received by: _____ Delivered by: <input type="checkbox"/> US Mail <input type="checkbox"/> NC Courier <input type="checkbox"/> Commercial courier <input type="checkbox"/> Walk-in Temperature upon receipt: _____ °C	<b>Sample Identification Numbers:</b>
---	---------------------------------------

DPH Form 4128 (Edited April 2016) **\*Required fields. Sample may be rejected if this information is not included.**