DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:	<u>37501</u> 01-03-010	County: All	lleghany
Name of System:	Town of Sparta		
Sample Type:	5 (1 = Routine; 2	= Repeat; 3 = Replac	acement; 4 = Plan Approval; 5 = Other)
Collected on: DAT	E: 01/19/11	TIME: 10:15 AN	M
Location where collected	ed: Well head		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 =	= End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	W09	Collected By:	Tom Lynge
FOR REPEAT SAMPLI	Ξ:	F	FOR REPLACEMENT SAMPLE:
Previous Positive	e Location Code:		Original Sample Type:
Positive Collection	on Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:		Original Collection Date:
Proximity:			Time:
(1 = Same; 2 = Up	stream; 3 = Downstream)		
Mail Results To:		Ту	Type of Supply:
WINSTON SAL	EM REGIONAL OFFIC	E PWSS	XCommunityNTNCNon-CommunityPrivate
WINSTON SAI	_EM, NC 27107-2241	Ту	Type of Treatment: X Chlorinated Non-Chlorinated
Telephone No	. 336-771-5000		Free Chlorine Residual: 0 mg/l Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT M Total Coliform Fecal/E. Coli Heterotrophic P.C	METHOD PRESENT 9223B	ABSENT INVAL	ALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis
Repeat Samples Re	equired		Replacement Samples Required
Date Analysis Begun:	01/20/11		Time Analysis Begun: 09:00 AM
Date Analysis Complete	ed: 01/21/11		Time Analysis Completed: 10:00 AM
Laboratory Log #:	23597		Certified By: Susan Beasley
COMMENTS: <u>Sy</u>	ystem type: C, Watersourc	e: GW	Trean Baaley