N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:	<u>37501</u>	County:	Watauga	_		
Water System ID #:	NA					
Name of System:	Frontier Village III Well # 2					
Imple Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:	01/19/11	TIME:14	:50 PM			
Location where collected:	Well head					
Location Type:	(1 = Entry Tap			= Source/Intakes; 5 = Other)		
Location Code:		Collected E	By: Clif Wh	<u>itfield</u>		
FOR REPEAT SAMPLE:			FOR REPLAC	CEMENT SAMPLE:		
Previous Positive Location Code:			Oriq	inal Sample Type:		
Positive Collection Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Time:			Original Collection Date:			
Proximity:		 Time:				
(1 = Same; 2 = Upstream	n; 3 = Downstream)					
Mail Results To:			Type of Supp	lv:		
			.)	Community	NTNC	
WINSTON SALEM F	REGIONAL OFFIC	E PWSS		Non-Community	Private	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					1	
WINSTON SALEM,	NC 27107-2241		Type of Treat	=		
Telephone No. 3	36-771-5000			Non-Chlorinated Free Chlorine Residu		
relephone No.	00-111-0000			Total Chlorine Residu		
				Total Officiale Residu		
	RESULTS			INVALID CODES		
CONTAMINANT METH	OD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Co		
Total Coliform 9223	в 🗴			TNTC/No Coliform Found Turbid Culture/No Coliform		
Fecal/E. Coli 9223B X			Ш	Turbid Culture/No Coliform Found Over 30 Hours Old		
Heterotrophic P.C/ml				5) Improper Sample or Analysis		
	(number)					
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: 01/20/11				Time Analysis Begun:	09:00 AM	
Date Analysis Completed:	01/21/11			Time Analysis Completed:	10:00 AM	
Laboratory Log #:	23606			Certified By: Susan	Beasley	
COMMENTS: System	type: ADJ, Waters	ource: GW		Tream	Beasley	