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:	Stokes		
Water System ID #:	02-85-416	_			
Name of System:	Fulp Moravian Ch				
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	01/31/11	TIME: 12:15	PM		
Location where collected: Men's restroom sink by study					
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:	MRS	Collected By:	Blair Mur	ray	
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time		Original Collection Date:			
Proximity:			Time:	_	
(1 = Same; 2 = Upstream	; 3 = Downstream)				_
Mail Results To:			Type of Supply:		
WINSTON SALEM R WINSTON SALEM, I Telephone No. 3		E PWSS	Type of Treatme	Non-Community I	NTNC Private
				Total Chlorine Residual	:
	RESULTS			INVALID CODES	
CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform Fecal/E. Coli Heterotrophic P.C. Invalid Invalid			VALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: Date Analysis Completed: Laboratory Log #: COMMENTS: Special,	02/01/11 02/02/11 23940 System Type: TNC	;, Water Source:	GW	Time Analysis Begun: Time Analysis Completed: Certified By: Susan E	_