BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System:		<u>37501</u> 02-01-569	County:	Alama	ance		
		Burlington Moose Lodge					
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
Collected on: D	DATE:	02/03/14	TIME:	10:00 AM			
Location where colle	ected:	Well head					
Location Type:		(1 = Entry Tap	; 2 = Genera	al Tap; 3 = End	nd Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:			Collected	d By:	Blair Murray		
FOR REPEAT SAM	PLE:			FOR	REPLACEMENT 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:			
	Upstream;	3 = Downstream)					
Mail Results To:				Tuno	a of Supply		
WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC Non-Community Private							
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated							
Telephone No. 336-771-5000 Non-Chlorinated							
EIN #: 56 6000372 XX COUR			RIER #: 13-	-15-01	Free Chlorine Residual:		
					Total Chlorine Residual:		
		RESULTS			INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHC 9223E		ABSENT		 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 		
		(number)	1				
Repeat Samples Required				Replacement Samples Required			
Date Analysis Begun: 02/04/14					Time Analysis Begun: 08:30 AM		
Date Analysis Comp	leted:	02/05/14			Time Analysis Completed: 10:25 AM		
Laboratory Log #:	-				Certified By: Susan Beasley		
COMMENTS:	Special /	Special / Non-compliance (SP), System Type: TNC, Sample Point:					
	W01. Dis	W01. Disinfectant Used: N/A					