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

$\sim$	NOT	WDITE	INI THE	SSPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: Water System ID #: Name of System:		37501 02-41-211	County:	Guilfor	rd				
		Twelve Oaks S/D	 )						
Sample Type:		[5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
	DATE:	02/06/12		4:50 PM	, , , , , , , , , , , , , , , , , , , ,				
Location where col	lected:	5804 Autumn Ga							
Location Type:		=		Tap; 3 = End 1	Γap; 4 = Source/Intakes; 5 = Oth	er)			
Location Code:			Collected	·	M Gendy	,			
FOR REPEAT SAM	MPLE:			FOR RI	EPLACEMENT SAMPLE:				
Previous Po	tion Code:			Original Sample Type:	]				
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)						
	Time	<del></del>			Original Collection Date:				
Proximity:					Time:				
(1 = Same; 2	= Upstream	; 3 = Downstream)							
WINSTON Telephone EIN #: 56 6  CONTAMINANT Total Coliform Fecal/E. Coli	SALEM, No. 33	RESULTS  DD PRESENT	ABSENT	Type of	Treatment: X Chlorina Non-Community Non-Community Treatment: X Chlorina Non-Ch Free Chlorina Total Chlorina INVALID CODES  1) Confluent Grown 2) TNTC/No Colifo 3) Turbid Culture/N 4) Over 30 Hours (1)	ated  lorinated e Residual: e Residual:  th/No Coliform rm Found lo Coliform Fo	1.18 mg/l		
Heterotrophic P.C.		(number	/ml )		5) Improper Sampl				
Repeat Sample	es Required	I			Replacement S	amples Requ	ired		
Date Analysis Begin Date Analysis Com Laboratory Log #:	npleted:	02/07/12 02/08/12 33994	p		Time Analysis Beg Time Analysis Com Certified By:				
COMMENTS:	Bact. Au	dit, Special/Non-co	ompliance, V	vater Source:	GW, Location	UNICO CONTRACTOR OF THE CONTRA	aley .		
	Code: 00	)7							