

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Rockingham**
Water System ID #: **02-79-477**
Name of System: **Red Birch Convenience Store**
Sample Type: ☐ (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **02/08/10** TIME: **10:45 AM**
Location where collected: **Kitchen Compartment Sink**
Location Type: **1** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: **E01** Collected By: **David Reyes**

FOR REPEAT SAMPLE:

Previous Positive Location Code: _____
Positive Collection Date: _____
Time: _____
Proximity: ☐
(1 = Same; 2 = Upstream; 3 = Downstream)

FOR REPLACEMENT SAMPLE:

Original Sample Type: ☐
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Original Collection Date: _____
Time: _____

Mail Results To:

WINSTON SALEM REGIONAL OFFICE PWSS

WINSTON SALEM, NC 27107-2241

Telephone No. 336-771-5000

Type of Supply:

☐ Community ☐ NTNC
☒ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated
☒ Non-Chlorinated
Free Chlorine Residual: 0 mg/l
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	312	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: **02/09/10**
Date Analysis Completed: **02/10/10**
Laboratory Log #: **13574**

COMMENTS: _____

INVALID CODES

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

☐ Replacement Samples Required

Time Analysis Begun: **08:12 AM**
Time Analysis Completed: **09:45 AM**
Certified By: **Joy Hayes**