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 #: **37501** County: **Surry**

Water System ID #: **02-86-419**

Name of System: **Cross Creek S/D**

Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **02/09/10** TIME: **11:30 AM**

Location where collected: **Well Head Tap #1**

Location Type: [4] (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: **CC1** Collected By: **Tammy Taylor**

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:

[X] Community [ ] NTNC

[ ] Non-Community [ ] Private

Type of Treatment: [X] Chlorinated

[ ] Non-Chlorinated

Free Chlorine Residual: 0.13 mg/l

Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**312**	[ ]	[X]	[ ]
Fecal/E. Coli		[ ]	[ ]	[ ]
Heterotrophic P.C.		_____ /ml (number)		

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

[ ] Repeat Samples Required

[ ] Replacement Samples Required

Date Analysis Begun: **02/10/10**

Date Analysis Completed: **02/11/10**

Laboratory Log #: **13643**

Time Analysis Begun: **08:19 AM**

Time Analysis Completed: **10:00 AM**

Certified By: **Joy Hayes**

COMMENTS: Sample taken prior to treatment

DEHNR 3757 (10/90)
Public Water Supply Section (Revised 10/92)