DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System:		<u>3 7 5 0 1</u> 02-85-518 Hillside Market &	County: 	Stok	es		
Sample Type:	ŕ	 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) 					
	DATE: 02/09/10 TIME: 12:45 PM						
Location where colle	-	Kitchen Sink	····				
Location Type:	ř		2 = General	Tap; 3 = End	Tap; 4 = Sour	ce/Intakes; 5 = Other)	
Location Code:		\$, , , , , , , , , , , , , , , , ,	Collected		Blair Murray		
	-						
FOR REPEAT SAMPLE:				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:	
(1 = Same; 2 =	_ Upstream; 3	3 = Downstream)					
Mail Results To:			Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC X Non-Community Private						Private	
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated							
Telephone N		X Non-Chlorinated Free Chlorine Residual:					
		6-771-5000				Total Chlorine Resid	
		RESULTS			I	NVALID CODES	
CONTAMINANT METHOD PRESENT A Total Coliform <u>312</u> X Fecal/E. Coli <u>316</u> (number)			ABSENT		 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					Γ	Replacement Samples	Required
Date Analysis Begun: 02/10/10					Т	ïme Analysis Begun:	08:24 AM
Date Analysis Comp		02/11/10				ime Analysis Completed	
Laboratory Log #:	_	13673			С	Certified By: Joy	/ Hayes
COMMENTS:	Collection date on form, 01/09/10, changed to 02/09/10 per phone						
	conversation with Blair Murray.						