N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive
Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **3 7 5 0 1**   County: **Ashe**

Water System ID #: **01-05-109**

Name of System: **Blue Ridge Manor - Ashe Lake**

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

Collected on: DATE: **03/11/13**   TIME: **14:45 PM**

Location where collected: **983 Lakeside Drive**

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

Location Code: _____   Collected By: _____ **Eric Hudson** _____

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

EIN #: 56 6000372 XX   COURIER #: 13-15-01

Type of Supply:

☐ Community   ☐ NTNC
☐ Non-Community   ☐ Private

Type of Treatment: ☐ Chlorinated
                    ☐ Non-Chlorinated
Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____ /ml		
		(number)		

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: **03/12/13**

Date Analysis Completed: **03/13/13**

Laboratory Log #: _____

Time Analysis Begun: **09:10 AM**

Time Analysis Completed: **09:45 AM**

Certified By: **Susan Beasley**

COMMENTS: _____ Special / Non-compliance (SP), System Type: C, Water Source: GW _____