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 919-733-7308

DO NOT WRITE IN THIS SPACE

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

Laboratory ID #:	<u>37501</u>	County:	Alamance		
Water System ID #:	02-01-126				
Name of System:	Robben MHC				
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	03/18/14	TIME: 10:47	AM		
Location where collected:	Lot 29				
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:	129	Collected By:	Clif Whitfield		
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPL	E:	
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:			Original Collection Date:		
Proximity:		Tin	Time		
(1 = Same; 2 = Upstrea	am; 3 = Downstream)				
Mail Results To: Type of Supply:					
WINSTON SALEM REGIONAL OFFICE PWSS			X Communit		
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated					
Telephone No. 336-771-5000 Non-Chlorinated					
EIN #: 56 6000372	XX COUR	IER #: 13-15-0	1	hlorine Residual:1.01 mg/l hlorine Residual:	
	RESULTS		INVALID CO	DDES	
	HOD PRESENT 23B	ABSENT IN	2) TNTC/No 3) Turbid Cul 4) Over 30 H	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Samples Requi	red	Replacen	Replacement Samples Required		
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	03/19/14 03/20/14		Time Analysi Time Analysi Certified By:	s Completed: 09:00 AM Susan Beasley	
COMMENTS: Special / Non-compliance (SP), Routine Original (RTOR), Water Source:					

Ground Water, Disinfectant Used: Hypochlorite