DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

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

Water System ID #:   **02-99-558**

Name of System: **Vintage Village Flea Market**

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

Collected on: DATE: **03/29/10**   TIME: **10:00 AM**

Location where collected: **Restaurant Comp. Sink**

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

Location Code: _____ Collected By: **David Reyes**

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 = Downstream)

Mail Results To: Type of Supply:

                                               ☐ Community   ☐ NTNC
WINSTON SALEM REGIONAL OFFICE PWSS   ☒ Non-Community   ☐ Private

WINSTON SALEM, NC 27107-2241   Type of Treatment: ☐ Chlorinated
                                                                    ☐ Non-Chlorinated
Telephone No.   336-771-5000   Free Chlorine Residual: _____
                                                Total Chlorine Residual: _____

RESULTS   ### INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	312	☐	☒	☐
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: **03/30/10**   Time Analysis Begun: **08:13 AM**

Date Analysis Completed: **03/31/10**   Time Analysis Completed: **09:30 AM**

Laboratory Log #: **15209**   Certified By: **Susan Beasley**

COMMENTS: Water Source: GW   Special