

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Ashe  
Water System ID #: 01-05-436  
Name of System: Raccoon Holler Campground  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 04/13/09 TIME: 10:00 AM  
Location where collected: Well Head # 2  
Location Type: 4 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Wade MacDonald

**FOR REPEAT SAMPLE:**

**FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

Type of Supply:

**WINSTON SALEM REGIONAL OFFICE PWSS**

Community  NTNC  
 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	<u>312</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: 04/14/09  
Date Analysis Completed: 04/15/09  
Laboratory Log #: 3684

Time Analysis Begun: 08:01 AM  
Time Analysis Completed: 10:30 AM  
Certified By: Susan Beasley

COMMENTS: Raw Sample