N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

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

Laboratory ID #: Water System ID #: Name of System:		37501 02-86-552	County:	Surr	ry		
		Cedar Ridge Elementary School					
Sample Type:		(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: D	ATE:	 04/23/12	TIME: 1	14:05 PM			
Location where colle	cted:	Kitchen tap	_				
Location Type:		1 = Entry Ta	p; 2 = General	Tap; 3 = End	d Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Z1K	Collected	By: <b>1</b>	Tammy Taylor		
FOR REPEAT SAME	PLE:			FOR F	REPLACEMENT SAMPLE:		
Previous Positive Location Code:					Original Sample Type:		
Positive Colle		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Time:			Original Collection Date:				
Proximity:							
_	ם Upstream;	3 = Downstream)					
WINSTON S Telephone N EIN #: 56 60  CONTAMINANT Total Coliform Fecal/E. Coli	ALEM, N	RESULTS  D PRESENT	ABSENT	Туре с	of Supply:  Community X NTN Non-Community Private  of Treatment: X Chlorinated Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual:  INVALID CODES  1) Confluent Growth/No Coliform 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old	1.01 mg/l	
Heterotrophic P.C.		(number	/ml ·)		5) Improper Sample or Analysis		
Repeat Samples Required					☐ Replacement Samples Requi	Replacement Samples Required	
Date Analysis Begun: 04/24/12						3:45 AM	
Date Analysis Comp	leted:	04/25/12				):45 AM	
Laboratory Log #: COMMENTS:	TCR, Spe	36035 ecial/Non-complia	ınce		Certified By: Joy Haye		