BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:	<u>37501</u>	County: Wi	lkes
Water System ID #: Name of System:	01-97-564		
Sample Type: Collected on: DATE:			nent, 4 – Flan Apploval, 5 – Other)
	05/03/10	TIME: 10:10 AM	-
Location where collected:	Fellowship Hall S		nd Tap; 4 = Source/Intakes; 5 = Other)
Location Type:			
Location Code:	<u>E01</u>	Collected By:	David Reyes
FOR REPEAT SAMPLE:		FOI	R REPLACEMENT SAMPLE:
Previous Positive Loc	ation Code:		Original Sample Type:
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Tim	ne:		Original Collection Date:
Proximity:			Time:
(1 = Same; 2 = Upstrear	m; 3 = Downstream)		
Mail Results To: Type of Supply:			
WINSTON SALEM REGIONAL OFFICE PWSS Non-Community Private			
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated			
Talankana Na			Non-Chlorinated
Telephone No.	336-771-5000		Free Chlorine Residual:
			Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT METH	OD PRESENT	ABSENT INVALII	,
Total Coliform 9223	в	x 🗌	2) TNTC/No Coliform Found
Fecal/E. Coli			3) Turbid Culture/No Coliform Found4) Over 30 Hours Old
Heterotrophic P.C.	(aa.b. a.a)	/ml	5) Improper Sample or Analysis
	(number)		
Repeat Samples Require	ed		Replacement Samples Required
Date Analysis Begun: 05/04/10			Time Analysis Begun: 08:03 AM
Date Analysis Completed: 05/05/10			Time Analysis Completed: 10:30 AM
Laboratory Log #:	16259		Certified By: Joy Hayes
COMMENTS:			Jug R. Hayes