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:	3 7 5 0 1 02-86-638 Imogene Baptist 0	County:	Surry		
Sample Type:					
Collected on: DATE:	05/18/10	TIME: 13:00 I			
Location where collected:	Unisex restroom sink				
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:	E01	Collected By:	David Rey		
FOR REPEAT SAMPLE:			FOR REPLACEM	MENT 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:		
WINSTON SALEM R	EGIONAL OFFIC	E PWSS		Community NTNC X Non-Community Private	
WINSTON SALEM, I	NC 27107-2241 36-771-5000		Type of Treatme	nt: Chlorinated Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.		ABSENT INV	'ALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: Date Analysis Completed: Laboratory Log #: COMMENTS: Water Si	05/19/10 05/20/10 16770 ource: GW			Time Analysis Begun: Time Analysis Completed: Certified By: Susan Beasley Turn Analysis Page 107:56 AM 09:50 AM 09:5	