

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Ashe  
Water System ID #: 01-05-471  
Name of System: Hwy 221 Gas  
Sample Type: ☐ (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 05/23/11 TIME: 11:22 AM  
Location where collected: Well  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: RW1 Collected By: Tom Lynge

### FOR REPEAT SAMPLE:

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

### FOR REPLACEMENT SAMPLE:

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

Mail Results To:

**WINSTON SALEM REGIONAL OFFICE PWSS**

**WINSTON SALEM, NC 27107-2241**

**Telephone No. 336-771-5000**

Type of Supply:

☐ Community ☐ NTNC  
☐ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated  
☐ Non-Chlorinated  
Free Chlorine Residual: 0 mg/l  
Total Chlorine Residual: 0 mg/l

### RESULTS

| CONTAMINANT        | METHOD       | PRESENT                  | ABSENT                              | INVALID                  |
|--------------------|--------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>9223B</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)           |              |                          |                                     |                          |

☐ Repeat Samples Required

Date Analysis Begun: 05/24/11  
Date Analysis Completed: 05/25/11  
Laboratory Log #: 27276

COMMENTS: System Type: NP, Water Source: GW, Distribution System-Total  
Coliform Rule (TCR), Special/Non-compliance (SP)

### INVALID CODES

- 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

☐ Replacement Samples Required

Time Analysis Begun: 08:45 AM  
Time Analysis Completed: 09:25 AM  
Certified By: Susan Beasley

