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 #:	<u>3 7 5 0 1</u> 01-03-104	County:	Alleghany	_		
Name of System:	Roaring Gap					
Sample Type:	_	2 = Repeat: 3	= Replacement:	4 = Plan Approval; 5 = Other)		
Collected on: DATE:	05/28/09	TIME: 1		, , , , , , , , , , , , , , , , , , , ,		
Location where collected:	Well - 3					
Location Type:	_	; 2 = General	Tap; 3 = End Ta	p; 4 = Source/Intakes; 5 = Other)		
Location Code:	W03	Collected		Lynge		
FOR REPEAT SAMPLE:			FOR REI	PLACEMENT SAMPLE:		
Previous Positive Loc			Original Sample Type:			
Positive Collection Da	(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 S	Supply:		
			71		NTNC	
WINSTON SALEM	REGIONAL OFFIC	E PWSS			Private	
WINSTON SALEM,	NC 27107-2241		Type of T	Treatment: X Chlorinated		
			,,	Non-Chlorinated		
Telephone No.	336-771-5000			Free Chlorine Residual	: 0.06 mg/l	
				Total Chlorine Residua	l:	
	RESULTS			INVALID CODES		
CONTAMINANT METH	OD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Colif	form Found	
		ABSENT		2) TNTC/No Coliform Found	omi Found	
Total Coliform 312 Fecal/E. Coli 316	— =	X	H	3) Turbid Culture/No Coliforn	n Found	
Heterotrophic P.C.	<u>, </u>	/ml	Ш	4) Over 30 Hours Old5) Improper Sample or Analy	veie	
·	(number)			3) improper Sample of Arialy	313	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	05/29/09			Time Analysis Begun:	08:41 AM	
Date Analysis Completed:	05/30/09			Time Analysis Completed:	09:50 AM	
Laboratory Log #:	5327			Certified By: Susan E	3easley	
COMMENTS:						