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**

Water System ID #:  Name of System:  Countryside - Section D  Sample Type:  [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  Collected on:  DATE:  06/14/10  TIME:  12:55 PM  Location where collected:  Well D  Location Type:  Collected By:  Collected By:  FOR REPLACEMENT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Original Sample Type:  (1 = Routine; 2 = Repeat; 3 = Plan Approval; 5 = Other)  Collected By:  J. Bryan  FOR REPLACEMENT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Original Sample Type:  (1 = Routine; 2 = Repeat; 3 = Plan Approval)  Mail Results To:  Type of Supply:  WINSTON SALEM REGIONAL OFFICE PWSS  WINSTON SALEM, NC 27107-2241  Type of Treatment:  Cohlorinated	
Sample Type:    5	
Collected on: DATE: 06/14/10   TIME: 12:55 PM  Location where collected: Well D  Location Type:	
Location where collected:  Location Type:	
Location Type:	
FOR REPEAT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)  Mail Results To:  WINSTON SALEM REGIONAL OFFICE PWSS  To REPLACEMENT SAMPLE:  Original Sample Type:  (1=Routine; 2=Repeat; 3=Plan Approvation Date:  Time:  Time:  Type of Supply:  Community  Non-Community  Non-Community  Type of Treatment:  Chlorinated	
FOR REPEAT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Original Sample Type:  (1=Routine; 2=Repeat; 3=Plan Approva  Original Collection Date:  Time:  Time:  (1 = Same; 2 = Upstream; 3 = Downstream)  Mail Results To:  WINSTON SALEM REGIONAL OFFICE PWSS  WINSTON SALEM, NC 27107-2241  Type of Treatment:  Chlorinated	
Previous Positive Location Code:  Positive Collection Date:  Time:  Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)  Mail Results To:  WINSTON SALEM REGIONAL OFFICE PWSS  Original Sample Type:  (1=Routine; 2=Repeat; 3=Plan Approvation Date:  Time:  Time:  Type of Supply:  Community  Non-Community  Type of Treatment:  Chlorinated	
Positive Collection Date:  Time:  Original Collection Date:  Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)  Mail Results To:  Type of Supply:  WINSTON SALEM REGIONAL OFFICE PWSS  WINSTON SALEM, NC 27107-2241  Type of Treatment:  Chlorinated	
Time:  Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)  Mail Results To:  Type of Supply:  WINSTON SALEM REGIONAL OFFICE PWSS  WINSTON SALEM, NC 27107-2241  Type of Treatment:  Chlorinated	
Proximity:	il; 4=Other)
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Mail Results To:  WINSTON SALEM REGIONAL OFFICE PWSS  WINSTON SALEM, NC 27107-2241  Type of Supply:  Community  Non-Community  Type of Treatment:  Chlorinated	
WINSTON SALEM REGIONAL OFFICE PWSS  Community Non-Community  Type of Treatment: Chlorinated	
WINSTON SALEM REGIONAL OFFICE PWSS  Community Non-Community  Type of Treatment: Chlorinated	
WINSTON SALEM REGIONAL OFFICE PWSS  WINSTON SALEM, NC 27107-2241  Type of Treatment: Chlorinated	NTNC
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated	Private
	1
Telephone No. 336-771-5000 X Non-Chlorinated  Telephone No. 336-771-5000 Free Chlorine Residu	
Total Chlorine Residu	
Total Chlorine Residu	
RESULTS INVALID CODES	
CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Co	
Total Coliform 9223B 2) TNTC/No Coliform Foun 3) Turbid Culture/No Colifo	
Fecal/E. Coli 4) Over 30 Hours Old	III Found
Heterotrophic P.C/ml 5) Improper Sample or Ana	lysis
(number)	
Repeat Samples Required Replacement Samples	Required
Date Analysis Begun: 06/15/10 Time Analysis Begun:	08:14 AM
Date Analysis Completed: 06/16/10 Time Analysis Completed:	
Laboratory Log #: Certified By: Susan	09:00 AM
COMMENTS: System Type: ADJ., Facility ID: S01, Well D, Water Source: GW	