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 #:	37501 01-00-000	County:	Ashe			
Name of System:	Hill Top MHP					
Sample Type:   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:	06/15/10	TIME: 11		,		
Location where collected:	Sink					
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)						
Location Code:	010	Collected E	By: Tom	n Lynge		
FOR REPEAT SAMPLE:			FOR REPL	ACEMENT SAMPLE:		
Previous Positive Location Code:			Oı	riginal Sample Type:		
Positive Collection Date	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			il; 4=Other)		
Time:			Original Collection Date:			
Proximity:		Time:				
(1 = Same; 2 = Upstream	; 3 = Downstream)					
Mail Results To:			Type of Su	pply:		
WINSTON SALEM F	REGIONAL OFFIC	E PWSS		Community Non-Community	NTNC Private	
WINSTON SALEM, I	NC 27107-2241	Type of Treatment: Chlorinated    X   Non-Chlorinated			I	
Telephone No. 3	36-771-5000			Free Chlorine Residu		
				Total Chlorine Residu	ial:	
	RESULTS			INVALID CODES		
CONTAMINANT METHO	DD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Co	liform Found	
Total Coliform 9223B						
Fecal/E. Coli 4) Over 30 Hours Old				<ul><li>3) Turbid Culture/No Colifo</li><li>4) Over 30 Hours Old</li></ul>	iiii Found	
Heterotrophic P.C/ml (number)				5) Improper Sample or Analysis		
_	,			_		
Repeat Samples Required				Replacement Samples	Replacement Samples Required	
Date Analysis Begun: 06/16/10				Time Analysis Begun:	07:51 AM	
Date Analysis Completed:			Time Analysis Completed:	09:00 AM		
Laboratory Log #:	17581					
COMMENTS: Water S	ource: G			Tus	Baarley	