

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Caswell**  
Water System ID #: **30-17-003**  
Name of System: **Sam's Corner Inc. #2**  
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: **06/22/10** TIME: **10:00 AM**  
Location where collected: **Kitchen Hand Sink**  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: **David Reyes**

### 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: \_\_\_\_\_

Total Chlorine Residual: \_\_\_\_\_

### RESULTS

| CONTAMINANT        | METHOD       | PRESENT                  | ABSENT                              | INVALID                  |
|--------------------|--------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <b>9223B</b> | <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: **06/23/10**

Date Analysis Completed: **06/24/10**

Laboratory Log #: **17835**

COMMENTS: Water Source: GW, Location Code: E01

### 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: **07:58 AM**

Time Analysis Completed: **09:15 AM**

Certified By: **Susan Beasley**

