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 #:	<u>37501</u>	County:	Randolph
Water System ID #:	02-76-205	_	
Name of System:	Poplar Ridge MH	P	
Sample Type:	5 (1 = Routine; 2	: = Repeat; 3 = Re	Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	06/23/10	TIME: 11:10	IO AM
Location where collected:	Well #2 (Front We	 ell)	
Location Type:	(1 = Entry Tap	; 2 = General Tap	p; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:		Collected By:	ː J. Bryan
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:
Previous Positive Location Code:			Original Sample Type:
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Time			Original Collection Date:
Proximity:			Time:
(1 = Same; 2 = Upstream	; 3 = Downstream)		
Mail Results To:			Type of Supply:
Wall Product To.			
WINSTON SALEM R	EGIONAL OFFIC	E PWSS	X Community
WINSTON SALEM, I	NC 27107-2241		Type of Treatment: Chlorinated
			Non-Chlorinated
Telephone No. 33	36-771-5000		Free Chlorine Residual:
			Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT METHO	DD PRESENT	ABSENT IN	NVALID 1) Confluent Growth/No Coliform Found
Total Coliform 9223E		X	2) TNTC/No Coliform Found
Fecal/E. Coli			3) Turbid Culture/No Coliform Found
Heterotrophic P.C.		 /ml	4) Over 30 Hours Old 5) Improper Sample or Analysis
	(number)		c)p. opo. campio ca.yoto
Repeat Samples Required	i		Replacement Samples Required
Date Analysis Begun:	06/24/10		Time Analysis Begun: 07:58 AM
Date Analysis Completed:	06/25/10		Time Analysis Completed:09:50 AM
Laboratory Log #:	17903		Certified By: Susan Beasley
COMMENTS: Raw wat	er, Special/Non-co	mpliance (SP),	Water Source: GW Tusakasky