

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Surry
Water System ID #: 02-86-568
Name of System: Oak Grove Market
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 06/23/10 TIME: 11:00 AM
Location where collected: Kitchen Sink
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: E01 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 | <u>9223B</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fecal/E. Coli | <u>9223B</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | _____ | _____/ml (number) | | |

☐ Repeat Samples Required

Date Analysis Begun: 06/24/10
Date Analysis Completed: 06/25/10
Laboratory Log #: 17908

COMMENTS: Water Source: GW

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: 09:50 AM
Certified By: Susan Beasley

