BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

| Laboratory ID #: | <u>37501</u> | County: | Rockingham | | | |
|------------------------------------------|---------------------------------------------------------------------------------------|-----------|-------------------------------------------------|------------------------------------------------------------------------------------|------------|--|
| Water System ID #: 02-79-432 | | _ | | | | |
| Name of System: Glencoe Methodist Church | | | | | | |
| Sample Type: | ample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | | | |
| Collected on: DATE: | d on: DATE: 06/24/09 TIME: 08:40 AM | | | | | |
| Location where collected: | Kitchen Hand Sink | | | | | |
| Location Type: | 5 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other) | | | | | |
| Location Code: | | Collected | By: David | Reyes | | |
| FOR REPEAT SAMPLE: | | | FOR REPLA | 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 | n; 3 = Downstream) | | | | | |
| Mail Results To: | | | Type of Supp | bly: | | |
| | | | | Community | NTNC | |
| WINSTON SALEM F | REGIONAL OFFIC | E PWSS | | X Non-Community | Private | |
| WINSTON SALEM, | NC 27107-2241 | | Type of Trea | tment: Chlorinated | | |
| Telephone No. 3 | 36-771-5000 | | | Free Chlorine Residual | l: 0 mg/l | |
| | | | | Total Chlorine Residua | 0 | |
| RESULTS | | | INVALID CODES | | | |
| CONTAMINANT METHO | OD PRESENT | ABSENT | INVALID | 1) Confluent Growth/No Coli | form Found | |
| Total Coliform 312 | X | | | 2) TNTC/No Coliform Found | | |
| Fecal/E. Coli 316 X | | | | 3) Turbid Culture/No Coliform Found4) Over 30 Hours Old | | |
| Heterotrophic P.C. | | /ml | | 5) Improper Sample or Analy | /sis | |
| | (number) | | | | | |
| Repeat Samples Required | | | | Replacement Samples Required | | |
| Date Analysis Begun: | 06/25/09 | | | Time Analysis Begun: | 08:06 AM | |
| Date Analysis Completed: | 06/26/09 | | | Time Analysis Completed: | 10:30 AM | |
| Laboratory Log #: 6376 | | | | Certified By: Susan I | Beasley | |
| COMMENTS: | | | | | | |