

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Davidson
Water System ID #: 30-29-002
Name of System: Newsom MHP
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 07/08/09 TIME: 08:46 AM
Location where collected: Inside Tap Well
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: W01 Collected By: Lynge

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: 0.0 mg/l
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>316</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		

(number)

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

Repeat Samples Required

Date Analysis Begun: 07/09/09
Date Analysis Completed: 07/10/09
Laboratory Log #: 6829

Replacement Samples Required

Time Analysis Begun: 08:43 AM
Time Analysis Completed: 09:45 AM
Certified By: Susan Beasley

COMMENTS:

