

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Guilford
Water System ID #: 02-41-499
Name of System: _____
Sample Type: ☒ (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 07/20/10 TIME: 11:30 AM
Location where collected: Well Head #2
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: S02 Collected By: Blair Murray

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, CITY OF
P W SWANN WTP
PFAFFTOWN, NC 27040

Telephone No. _____

Type of Supply:

☐ Community ☐ NTNC
☐ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated
☐ Non-Chlorinated

Free Chlorine Residual: 0 mg/l

Total Chlorine Residual: 0 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml (number)		

☐ Repeat Samples Required

Date Analysis Begun: 07/21/10
Date Analysis Completed: 07/22/10
Laboratory Log #: 18704

COMMENTS: System Type: TNC, Water Source: GW, Special/Non-compliance (SP)

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: 08:07 AM
Time Analysis Completed: 09:40 AM
Certified By: Susan Beasley

