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 #: **37501** County: **Watauga**
Water System ID #: **01-95-117**
Name of System: **Mtn Ridge Estates**
Sample Type: ☐ (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **07/21/10** TIME: **13:45 PM**
Location where collected: **Well # 2**
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: **Lisa Edwards**

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	**colisure**	☐	☒	☐
Fecal/E. Coli		☐	☐	☐
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

☐ Replacement Samples Required

Date Analysis Begun: **07/22/10**
Date Analysis Completed: **07/23/10**
Laboratory Log #: **78789**

Time Analysis Begun: **09:25 AM**
Time Analysis Completed: **10:25 AM**
Certified By: **Joy Hayes**

COMMENTS: Raw, RW2

DEHNR 3757 (10/90)
Public Water Supply Section (Revised 10/92)