N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive
Raleigh, NC 27611-8047
919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **3 7 5 0 1**   County: **GUILFORD**

Water System ID #: **02-41-680**

Name of System: **WALNUT WOODS**

Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **07/23/14**   TIME: **15:45 PM**

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: **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 REGIONAL OFFICE PWSS

WINSTON SALEM, NC 27107-2241

Telephone No.   336-771-5000

EIN #: 56 6000372 XX   COURIER #: 13-15-01

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	**9223B**	X	☐	☐
Fecal/E. Coli	**9223B**	☐	X	☐
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: **07/24/14**

Date Analysis Completed: **07/25/14**

Laboratory Log #: _____

Time Analysis Begun: **10:03 AM**

Time Analysis Completed: **10:15 AM**

Certified By: **Susan Beasley**

COMMENTS: SPECIAL / NON-COMPLIANCE (SP), SYSTEM TYPE: TNC, WATER

SOURCE: GW, DISINFECTANT USED: N/A