

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: STOKES
Water System ID #: 02-85-414
Name of System: Lawsonville
Sample Type: ☐ (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 08/16/10 TIME: 12:15 PM
Location where collected: _____
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Tom 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: 2.2 mg/l
Total Chlorine Residual: 2.2 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>COLISURE</u>	☐	☒	☐
Fecal/E. Coli	<u>COLISURE</u>	☐	☒	☐
Heterotrophic P.C.	_____	_____	_____ /ml	

(number)

☐ Repeat Samples Required

Date Analysis Begun: 08/17/10
Date Analysis Completed: 08/18/10
Laboratory Log #: 19609

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

Facility ID: D01

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: 08:10 AM
Time Analysis Completed: 08:35 AM
Certified By: Susan Beasley

