

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: STOKES  
Water System ID #: 02-85-446  
Name of System: OLIVE GROVE BAPTIST CH  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 08/22/16 TIME: 08:45 AM  
Location where collected: WELL HEAD  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Blair Murray

**FOR REPEAT SAMPLE:**

**FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:  
**WINSTON SALEM REGIONAL OFFICE**  
**450 WEST HANES MILL RD STE 300**  
**WINSTON SALEM, NC 27105**  
**Telephone No. 3367715000**  
**EIN #: 566000372X**

Type of Supply:  
 Community  NTNC  
 Non-Community  Private  
Type of Treatment:  Chlorinated  
 Non-Chlorinated  
Free Chlorine Residual: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

**INVALID CODES**

| CONTAMINANT        | METHOD       | PRESENT                             | ABSENT                              | INVALID                  |
|--------------------|--------------|-------------------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>9223B</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fecal/E. Coli      | <u>9223B</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | _____        | _____                               | _____ /ml                           |                          |
|                    |              | (number)                            |                                     |                          |

- 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: 08/23/16  
Date Analysis Completed: 08/24/16  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 09:25 AM  
Time Analysis Completed: 09:30 AM  
Certified By: Susan Beasley

COMMENTS: System Type: TNC, Water Source: GW, Sample Point: WO1

