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 #: Water System ID #:   | 37501<br>02-85-135                                       | County:   | Stokes                        |                            |               |
|---|--|---|-------------------------------|----------------------------|---------------|
| Name of System:   | Twin Oaks -2   | <del></del>                                     |                               |                            |               |
| Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) |  |   |                               |                            |               |
| Collected on: DATE:   | 09/01/10   | TIME: 09  |                               | ,                          |               |
| Location where collected:   | Well   |   |                               |                            |               |
| Location Type:  | (1 = Entry Tap   | o; 2 = General 7                                | Гар; 3 = End Tap; 4 =         | Source/Intakes; 5 = Other) |               |
| Location Code:  | RW1  | Collected E                                     | By: Tom Ly                    | rnge                       |               |
|   |  |   | <u> </u>                      |                            |               |
| FOR REPEAT SAMPLE:  |  | FOR REPLACEMENT SAMPLE:                         |                               |                            |               |
| Previous Positive Location Code:  |  |   | Origii                        | nal Sample Type:           |               |
| Positive Collection Date:   |  | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) |                               |                            |               |
| Tir   | Original Collection Date:                                |   |                               |                            |               |
| Proximity:  | Time:  |   |                               |                            |               |
| (1 = Same; 2 = Upstrea  | m; 3 = Downstream)                                       |   |                               |                            |               |
| Mail Results To:  |  |   | Type of Supply                | ı.                         |               |
|   |  |   | . ypo o. oupp.,               |                            | NTNC          |
| WINSTON SALEM   | REGIONAL OFFI  | CE PWSS   |                               | Community  Non-Community   | Private       |
| WINSTON SALEM,  | NC 27107-2241  |   | Type of Treatn                | nent: Chlorinated          |               |
|   |  |   |                               | Non-Chlorinate             | d             |
| Telephone No. 336-771-5000  |  |   |                               | Free Chlorine Residu       | -             |
|   |  |   |                               | Total Chlorine Residu      | ual:          |
|   | RESULTS  |   |                               | INVALID CODES              |               |
| CONTAMINANT METH  | OD PRESENT   | ABSENT  | INVALID                       | 1) Confluent Growth/No Co  | oliform Found |
| Total Coliform 9223B X  |  | 2) TNTC/No Coliform Found                       |                               | nd                         |               |
| Fecal/E. Coli 9223  | 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old |   |                               | orm Found                  |               |
| Heterotrophic P.C.  |  | /ml   |                               | 5) Improper Sample or Ana  | alysis        |
|   | (number  | )   |                               |                            |               |
| Repeat Samples Require  |  |   | Replacement Samples Required  |                            |               |
| Date Analysis Begun:  |  |   | Time Analysis Begun: 08:20 AM |                            |               |
| Date Analysis Completed:  | 09/03/10   |   |                               | Time Analysis Completed:   | 09:00 AM      |
| Laboratory Log #:   | 20206  |   |                               | Certified By: Joy          | Hayes         |
| COMMENTS:   |  |   |                               |                            | R. Hayes      |
|   |  |   |                               | 00                         |               |