

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Guilford**
Water System ID #: **30-41-012**
Name of System: **New Chartwell**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **09/08/09** TIME: **10:25 AM**
Location where collected: **607 Blemheim Ct.**
Location Type: **2** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: **004** 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: _____ mg/l
Total Chlorine Residual: _____ .6 mg/l

RESULTS

| CONTAMINANT | METHOD | PRESENT | ABSENT | INVALID |
|--------------------|------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform | 312 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fecal/E. Coli | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | | _____/ml (number) | | |

☐ Repeat Samples Required

Date Analysis Begun: **09/09/09**
Date Analysis Completed: **09/10/09**
Laboratory Log #: **8999**

COMMENTS:

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: **07:58 AM**
Time Analysis Completed: **10:40 AM**
Certified By: **Susan Beasley**