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 #: Name of System:		<u>7 5 0 1</u> 2-41-126	County:	GUILFO	DRD			
		Monroe's MHP						
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)								
Collected on: D/	ATE: 0	9/13/10	TIME: 1	4:53 PM				
Location where collect	cted:							
Location Type:		1 = Entry Tap	; 2 = General	Tap; 3 = End	Tap; 4 = Source/Inta	kes; 5 = Other)		
Location Code:	_		Collected	Ву:	M. Gendy	_		
FOR REPEAT SAMP		FOR REPLACEMENT SAMPLE:						
Previous Posit	n Code:			Original Sample	Type:			
Positive Collec		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)						
	Time:				Original Collecti	on Date:		
Proximity:		Time:						
(1 = Same; 2 =	Upstream; 3	= Downstream)						
Mail Results To:			Type of Supply:					
					X Com	munity	NTNC	
WINSTON S	ALEM RE	GIONAL OFFI	CE PWSS		Non-	-Community	Private	
WINSTON S	ALEM. NO	27107-2241		Type o	of Treatment:	Chlorinated		
				.,,,,,		Non-Chlorinated	d	
Telephone N	lo. 336	-771-5000			FI	ree Chlorine Residu		
					T	otal Chlorine Residu	ual:	
	F	RESULTS			INVAL	ID CODES		
CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID		fluent Growth/No Co		
Total Coliform	9223B	X			·	C/No Coliform Foun		
Fecal/E. Coli	9223B		X		•	id Culture/No Colifo · 30 Hours Old	rm Found	
Heterotrophic P.C.			/ml			oper Sample or Ana	alysis	
		(number)					
Repeat Samples Required					Replacement Samples Required			
Date Analysis Begun: 09/14/10					Time A	Time Analysis Begun: 08:30 AM		
Date Analysis Compl	eted: (9/15/10			Time A	nalysis Completed:	08:35 AM	
Laboratory Log #:		20440			Certifie	d By: Joy	Hayes	
COMMENTS:	Water Sou	rce: GW, Facility	/ ID: 100, Sa	mple Point: F	RW1, Raw Sample	— Jy :	R. Hayes	