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 #:		3 7 5 0 1 02-34-179	County:	FORSY	<u>гн</u>				
Name of System:		Applegate Water System							
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)								
Collected on:	ATE:	<u>09/21/10</u> TIME: <u>13:50 PM</u>							
Location where colle	ected:	Hidden Hills - Well # 1 - H1R							
Location Type:		1 = Entry Tap	2 = General	Tap; 3 = End T	ap; 4 = Source/Inta	kes; 5 = Other	۲)		
Location Code:			Collected I	Ву: Та	ammy Taylor	_			
FOR REPEAT SAMI		FOR REPLACEMENT SAMPLE:							
Previous Positive Location Code:					Original Sample	туре:			
Positive Colle		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)							
	 :	Original Collection Date:							
Proximity:					· ·	Time:		_	
_	 ∹Upstream;	3 = Downstream)				_		_	
Mail Results To: Type of Supply:									
WINSTON S	SALEM R	EGIONAL OFFIC	E PWSS		=	munity Community		NTNC Private	
WINSTON S	SALEM, N	C 27107-2241		Type of	Treatment:	=			
Telephone I	No 33	6-771-5000				Non-Chlo		1.	
i ciepiione i	110. 55	0-77 1-0000				ree Chlorine l otal Chlorine		-	
		RESULTS			INVAL	ID CODES			
CONTAMINANT METHOD PRESENT ABSENT INVALIDATION OF THE PROPERTY				INVALID	2) TNT(3) Turb 4) Over	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 			
Repeat Samples Required					Rep	Replacement Samples Required			
Date Analysis Begun: 09/22/10					Time A	Time Analysis Begun: 08:45 AM			
Date Analysis Completed: 09/23/10						Time Analysis Completed: 09:50 AM			
Laboratory Log #:	_	20791			Certifie	d By:	Susan I	Beasley	
COMMENTS:	Water Source: GW, Facility ID: H1R, Sample Point: RW2, Raw							Beasley	
	Sample								