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 #:	<u>37501</u>	County:	YADKIN		
Water System ID #:	02-99-020				
Name of System:	Town of Boonvi	le			
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE	E: 09/22/10	09/22/10 TIME: 15:40 PM			
Location where collected: Cornfield Well - CWR					
Location Type:	(1 = Entry Tap	o; 2 = General Ta	ap; 3 = End Tap;	4 = Source/Intakes; 5 = Other)	
Location Code:		Collected By	/: <u>Tam</u> r	ny Taylor	
FOR REPEAT SAMPLE	:		FOR REPL	ACEMENT SAMPLE:	
Previous Positive		Original Sample Type:			
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time:	Original Collection Date:			
Proximity:				 Time:	
(1 = Same; 2 = Ups	stream; 3 = Downstream)				
Mail Results To:			Type of Su	pply:	
WINSTON SAL	EM REGIONAL OFFI	CE PWSS		X Community NTNC Non-Community Private	
WINSTON SAL	EM, NC 27107-2241		Type of Tre	eatment: X Chlorinated	
				Non-Chlorinated	
Telephone No.	336-771-5000			Free Chlorine Residual:	
				Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT M	ETHOD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coliform Found	
Total Coliform	9223B	X		2) TNTC/No Coliform Found	
Fecal/E. Coli				 Turbid Culture/No Coliform Found Over 30 Hours Old 	
Heterotrophic P.C.		/ml		5) Improper Sample or Analysis	
_	(number)		_	
Repeat Samples Required			Replacement Samples Required		
Date Analysis Begun: 09/23/10			Time Analysis Begun: 08:30 AM		
Date Analysis Complete	d: 09/24/10			Time Analysis Completed: 09:25 AM	
Laboratory Log #:	20870			Certified By: Susan Beasley	
COMMENTS: Water Source: GW, Facility ID: CWR, Sample Point: RW1, Raw					
Sa	mple				