DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:	<u>37501</u> 02-41-554	County:	GUILFORD		
Name of System:	Family Dining				
Sample Type:		(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE:		TIME: 10:4	5 AM		
Location where collected:					
Location Type:	(1 = Entry Tap;		; 3 = End Tap; 4 = S	ource/Intakes; 5 = Other)	
Location Code:	E01	Collected By:	Blair Mur	ray	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:					
Previous Positive L	Original Sample Type:				
Positive Collection Date: (1=Ro			tine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time:		Origina	al Collection Date:	
Proximity:				Time:	
(1 = Same; 2 = Upstr	ream; 3 = Downstream)				
Mail Results To: Type of Supply:					
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
WINSTON SALEM REGIONAL OFFICE PWSS Image: Community Image: Nince WINSTON SALEM REGIONAL OFFICE PWSS Image: Nince Image: Nince Image: Nince Image: Nince Image: Nince Image: Nin					
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated					
				Non-Chlorinated	
Telephone No.	336-771-5000			Free Chlorine Residual:	
				Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT ME	THOD PRESENT	ABSENT IN	IVALID	1) Confluent Growth/No Coliform Found	
Total Coliform			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: 10/05/10				Time Analysis Begun: _08:15 AM_	
Date Analysis Completed	: 10/05/10			Time Analysis Completed: 08:15 AM	
Laboratory Log #:	21155			Certified By: Joy Hayes	
COMMENTS: No s	DMMENTS: <u>No sample received. System Type: TNC, Water Source: GW, Sample</u>				
Тур	e: Special/Non-compliar	nce (SP)		00	