N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

| Laboratory ID #: Water System ID #: Name of System: | | 37501 02-99-558 VINTAGE VILLAG | County: E FLEA MARK | YADKIN | | |
|------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Sample Type: | | (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | | |
| Collected on: D Location where colle | ATE: ected: | 10/07/15 | TIME:10:29 | 5 AM | | |
| Location Type: Location Code: | | (1 = Entry Tap; | 2 = General Tap Collected By: | | ource/Intakes; 5 = Other) | |
| FOR REPEAT SAME | PLE: | | | FOR REPLACE | MENT SAMPLE: | |
| Previous Posi Positive Colle Proximity: (1 = Same; 2 = | ction Date Time | : | | (1=Rou | Il Sample Type: tine; 2=Repeat; 3=Plan Approval; 4=Other) Il Collection Date: Time | |
| Mail Results To: WINSTON SALEM REGIONAL OFFICE PWSS WINSTON SALEM, NC 27107-2241 | | | | Type of Supply: Type of Treatme | = | |
| Telephone N | | 6-771-5000 (COURI | ER #: 13-15-0 | 01 | Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual: | |
| | | RESULTS | | | INVALID CODES | |
| CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C. | 9223B 9223B | <u> </u> | ABSENT IN | NVALID | 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 | | | | Replacement Samples Required | |
| Date Analysis Begur Date Analysis Comp Laboratory Log #: | | 10/08/15 | | | Time Analysis Begun: 08:25 AM Time Analysis Completed: 08:40 AM Certified By: Susan Beasley | - - |
| COMMENTS: | Special/No | on-compliance(SP), S | system Type: TN | C, Water Source: GV | V, Facility Trush Tracky | |
| | ID: W01, S | Sample Point: W01 | | | | |