

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Surry  
Water System ID #: 02-86-535  
Name of System: Brintle Enterprises, Inc.  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 10/13/09 TIME: 11:30 AM  
Location where collected: Well Head Tap # 5  
Location Type: 4 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: W05 Collected By: Tammy Taylor

### FOR REPEAT SAMPLE:

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity: ☐ (1 = Same; 2 = Upstream; 3 = Downstream)

### FOR REPLACEMENT SAMPLE:

Original Sample Type: ☐  
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

**WINSTON SALEM REGIONAL OFFICE PWSS**

**WINSTON SALEM, NC 27107-2241**

**Telephone No. 336-771-5000**

Type of Supply:

☐ Community ☒ NTNC  
☐ Non-Community ☐ Private

Type of Treatment:

☒ Chlorinated  
☐ Non-Chlorinated  
Free Chlorine Residual: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

### RESULTS

| CONTAMINANT        | METHOD     | PRESENT                             | ABSENT                              | INVALID                  |
|--------------------|------------|-------------------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>318</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fecal/E. Coli      | <u>316</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | _____      | _____/ml                            |                                     |                          |
| (number)           |            |                                     |                                     |                          |

☐ Repeat Samples Required

Date Analysis Begun: 10/14/09  
Date Analysis Completed: 10/15/09  
Laboratory Log #: 10136

COMMENTS: Note: Sample taken prior to treatment.

### INVALID CODES

1) Confluent Growth/No Coliform Found  
2) TNTC/No Coliform Found  
3) Turbid Culture/No Coliform Found  
4) Over 30 Hours Old  
5) Improper Sample or Analysis

☐ Replacement Samples Required

Time Analysis Begun: 07:58 AM  
Time Analysis Completed: 10:15 AM  
Certified By: Susan Beasley