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 #: Name of System:	3 7 5 0 1 02-79-613	County:	Rockingh	am		
Sample Type: Collected on: DATE:						
Location where collected:	Outside Spigot	TIIVIL.	73.00 AIVI			
Location Type:	_	· 2 = Genera	I Tan: 3 = End T	ap; 4 = Source/Intakes; 5 = Other)		
Location Type. Location Code:	(1 – Entry Tap	Collected	_	•		
Location Code.		Collected		Pavid Reyes		
FOR REPEAT SAMPLE:			FOR RE	EPLACEMENT SAMPLE:		
Previous Positive Location Code:		Original Sample Type:				
Positive Collection Date	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Time:		Original Collection Date:				
Proximity:	Time:					
(1 = Same; 2 = Upstream	n; 3 = Downstream)					
Mail Results To: WINSTON SALEM F	REGIONAL OFFIC	E PWSS	Type of	Community	NTNC	
				X Non-Community] Private	
WINSTON SALEM,	NC 27107-2241		Type of	Treatment: Chlorinated		
Telephone No. 3	36-771-5000			X Non-Chlorinate Free Chlorine Residu Total Chlorine Residu	ıal: 0 mg/l	
	RESULTS			INVALID CODES		
CONTAMINANT METHOD PRESENT A Total Coliform 318		ABSENT X	INVALID	2) TNTC/No Coliform Four3) Turbid Culture/No Coliform4) Over 30 Hours Old	 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	Replacement Samples Required	
Date Analysis Begun:	10/14/09			Time Analysis Begun:	07:58 AM	
Date Analysis Completed:	10/15/09			Time Analysis Completed:	10:15 AM	
Laboratory Log #:	10138			Certified By: Susar	Beasley	
COMMENTS:						