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 #:  **3 7 5 0 1**   County:   **GUILFORD**

Water System ID #:  **02-41-599**

Name of System:  **GAS TOWN #3**

Sample Type:  **5**  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on:   DATE:  **10/13/15**   TIME:  **13:18 PM**

Location where collected:  **BATHROOM SINK**

Location Type:  ☐  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code:  **E 01**   Collected By:   **Blair Murray**

**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**

**EIN #: 56 6000372 XX      COURIER #: 13-15-01**

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 | 9223B | X | ☐ | ☐ |
| Fecal/E. Coli | 9223B | ☐ | X | ☐ |
| Heterotrophic P.C. | _____ | _____ /ml | | |
| | | (number) | | |

## 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

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Analysis Begun:  **10/14/15**        Time Analysis Begun:  **09:20 AM**

Date Analysis Completed:  **10/15/15**        Time Analysis Completed:  **09:35 AM**

Laboratory Log #: _____        Certified By:   **Susan Beasley**

COMMENTS:   Special / Non-compliance (SP), System Type: TNC, Water Source: GW.