

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Davie
 Water System ID #: 30-30-001
 Name of System: Raylen Winery
 Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
 Collected on: DATE: 10/16/13 TIME: 09:00 AM
 Location where collected: _____
 Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
 Location Code: _____ Collected By: David Reyes

FOR REPEAT SAMPLE:

FOR REPLACEMENT SAMPLE:

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

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

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		
(number)				

- 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: 10/17/13
 Date Analysis Completed: 10/18/13
 Laboratory Log #: _____

Time Analysis Begun: 08:55 AM
 Time Analysis Completed: 09:25 AM
 Certified By: Susan Beasley

COMMENTS: System Type: NC, Water Source: G

