

**BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: 37501 County: WILKES  
 Water System ID #: 01-97-542  
 Name of System: LP Corporation  
 Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
 Collected on: DATE: 10/26/10 TIME: 15:00 PM  
 Location where collected: Effluent Lab Sink  
 Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
 Location Code: AB4 Collected By: Tammy Taylor

**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**

Type of Supply:

Community  NTNC  
 Non-Community  Private

Type of Treatment:

Chlorinated  
 Non-Chlorinated  
 Free Chlorine Residual: \_\_\_\_\_ - mg/l  
 Total Chlorine Residual: 0.00 mg/l

**RESULTS**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: 10/27/10  
 Date Analysis Completed: 10/28/10  
 Laboratory Log #: 21873

Time Analysis Begun: 08:25 AM  
 Time Analysis Completed: 09:50 AM  
 Certified By: Joy Hayes

COMMENTS: Water Source: GW, Sample Type: Special/Non-compliance (SP),  
Note: System Recently Disinfected.

