

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: 14:35 PM
Location where collected: Well Head Tap # 2 - S02
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ 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:

Type of Supply:

WINSTON SALEM REGIONAL OFFICE PWSS

Community NTNC
 Non-Community Private

WINSTON SALEM, NC 27107-2241

Type of Treatment:

Chlorinated
 Non-Chlorinated

Telephone No. 336-771-5000

Free Chlorine Residual: _____ - mg/l
Total Chlorine Residual: 0.02 mg/l

RESULTS

INVALID CODES

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)

- 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 #: 21875

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

COMMENTS: Water Source: GW, Facility ID: S02, Sample Point: EBW, Note: Well
Recently Disinfected.

