

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Guilford**  
Water System ID #: **02-41-208**  
Name of System: **Foxbury S/D**  
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: **11/02/09** TIME: **12:10 PM**  
Location where collected: **Well #1**  
Location Type: **4** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: **S01** Collected By: **M Gendy**

### 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**

Type of Supply:

☒ Community ☐ NTNC  
☐ Non-Community ☐ Private

Type of Treatment:

☒ Chlorinated  
☐ Non-Chlorinated  
Free Chlorine Residual: 0 mg/l  
Total Chlorine Residual: \_\_\_\_\_

### RESULTS

| CONTAMINANT        | METHOD     | PRESENT                  | ABSENT                              | INVALID                  |
|--------------------|------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <b>312</b> | <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<br>(number)     |                                     |                          |

☐ Repeat Samples Required

Date Analysis Begun: **11/03/09**  
Date Analysis Completed: **11/04/09**  
Laboratory Log #: **10750**

COMMENTS: Raw Sample

### 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

☐ Replacement Samples Required

Time Analysis Begun: **07:52 AM**  
Time Analysis Completed: **10:10 AM**  
Certified By: Susan Beasley