

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Forsyth**
Water System ID #: **02-34-182**
Name of System: **Graystone Forrest Water System**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **11/04/09** TIME: **10:40 AM**
Location where collected: **Well head tap # 3**
Location Type: **4** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: **RW3** Collected By: **Tammy Taylor**

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: _____

Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	312	☒	☐	☐
Fecal/E. Coli	316	☐	☒	☐
Heterotrophic P.C.		_____/ml (number)		

☐ Repeat Samples Required

Date Analysis Begun: **11/05/09**
Date Analysis Completed: **11/06/09**
Laboratory Log #: **10913**

COMMENTS: **Note: Sample taken prior to treatment.**

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: **08:14 AM**
Time Analysis Completed: **09:45 AM**
Certified By: **Susan Beasley**