N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:	37501 30-95-019	County:	Watauga
Name of System:	Valley View II	<u> </u>	
Sample Type:		? = Repeat: 3 = R	eplacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	12/22/10	TIME: 10:3	
Location where collected:	Well	111112.	<u> </u>
Location Type:	_	: 2 = General Tar	o; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	RW1	Collected By:	
		,	
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:
Previous Positive Loca	ation Code:		Original Sample Type:
Positive Collection Da	te:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Tim	 ne:		Original Collection Date:
Proximity:			Time:
(1 = Same; 2 = Upstrear	n; 3 = Downstream)		
Mail Results To:			Type of Supply:
			X Community NTNC
WINSTON SALEM	REGIONAL OFFIC	E PWSS	Non-Community Private
WINSTON SALEM,	NC 27107-2241		Type of Treatment: Chlorinated
			Non-Chlorinated
Telephone No.	336-771-5000		Free Chlorine Residual:
			Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT METH	OD PRESENT	ABSENT IN	NVALID 1) Confluent Growth/No Coliform Found
Total Coliform 9223		x	2) TNTC/No Coliform Found
Fecal/E. Coli			3) Turbid Culture/No Coliform Found
Heterotrophic P.C.		/ml	4) Over 30 Hours Old 5) Improper Sample or Analysis
	(number)		, , , , , , , , , , , , , , , , , , , ,
Repeat Samples Require	ed		Replacement Samples Required
Date Analysis Begun:	12/23/10		Time Analysis Begun:
Date Analysis Completed:	12/24/10		Time Analysis Completed: 10:25 AM
Laboratory Log #:	23209		Certified By: Joy Hayes
COMMENTS: System	Type: A com, Wate	r Source: GW	Jy R. Hayes