

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: ASHE
Water System ID #: 01-05-450
Name of System: Park Vista Motel
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 06/26/12 TIME: 10:00 AM
Location where collected: Well head
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 024 Collected By: Tom Lynge

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: 0 mg/l

EIN #: 56 6000372 XX

COURIER #: 13-15-01

Total Chlorine Residual: 0 mg/l

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<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 (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: 06/27/12

Time Analysis Begun: 08:45 AM

Date Analysis Completed: 06/28/12

Time Analysis Completed: 09:40 AM

Laboratory Log #: 37702

Certified By: Susan Beasley

COMMENTS: Water Source: GW, Special / Non-compliance

