

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: GUILFORD  
Water System ID #: 02-41-113  
Name of System: OAK LANE MHP  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 08/28/17 TIME: 10:50 AM  
Location where collected: LOT 19, OUTSIDE TAP  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: 019 Collected By: Mike Painter

**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: **WINSTON SALEM REGIONAL OFFICE PWSS**  
**450 WEST HANES MILL RD STE 300**  
**WINSTON SALEM, NC 27105**  
Telephone No. **3367769800**  
EIN #: **566000372X** COURIER #: **13-15-01**

Type of Supply:  Community  NTNC  
 Non-Community  Private

Type of Treatment:  Chlorinated  
 Non-Chlorinated  
Free Chlorine Residual: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

**INVALID CODES**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fecal/E. Coli	<u>9223B</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Date Analysis Begun: \_\_\_\_\_  
Date Analysis Completed: \_\_\_\_\_  
Laboratory Log #: \_\_\_\_\_

Replacement Samples Required

Time Analysis Begun: \_\_\_\_\_ : **AM**  
Time Analysis Completed: \_\_\_\_\_ : **AM**  
Certified By: **Susan Beasley**

COMMENTS: Special / Non-compliance (SP), Water Source: GW  
Sample unsatisfactory for testing; <100 mL of sample received.

