N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive
Raleigh, N.C. 27611-8047

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:	<u>37501</u>	County:	FORSYTH			
Water System ID #:	02-34-461 FRATERNITY CH. OF THE BRETHREN					
Name of System:						
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:	01/04/16 TIME:12:39 PM					
Location where collected:	ocation where collected: WOMEN'S RR SINK					
Location Type:	(1 = Entry Tap;	2 = General Tap;	3 = End Tap; 4 = \$	Source/Intakes; 5 = Other	r)	
Location Code:	WR1	Collected By:	Doug Whi	tmire		
FOR REPEAT SAMPLE:			FOR REPLACE	EMENT SAMPLE:		
Previous Positive Location Code:			Original Sample Type:			
Positive Collection Date		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Time:			Original Collection Date:			
Proximity:				Time		
(1 = Same; 2 = Upstream	; 3 = Downstream)			_		
Mail Results To:			Type of Supply			
WINSTON SALEM R	EGIONAL OFFIC	E		Community	☐ NTNC	
450 WEST HANES N	MILL RD STE 300			Non-Community	Private	
WINSTON SALEM, I			Type of Treatm	ent: Chloring	tod.	
Non-Obligation						
Telephone No. 3367715000				Free Chlorine		
EIN #: 566000372X				Total Chlorine		
	RESULTS			INVALID CODES		
C C C TNTC/No Colifo				n/No Coliform Found		
	9223B X 2) TNTC/No Collform Found 9223B 3) Turbid Culture/No Coliform Found					
Heterotrophic P.C. /ml				•	4) Over 30 Hours Old	
	(number)			5) Improper Sample	or Analysis	
Repeat Samples Required	j			Replacement Sa	amples Required	
Date Analysis Begun: 01/05/16				Time Analysis Begun: 09:30 AM		
Date Analysis Completed: 01/06/16				Time Analysis Comp	pleted: 09:40 AM	
Laboratory Log #:					Susan Beasley	
COMMENTS: Special/N	lon-compliance (SP),	System Type: TN	C, Water Source:	gw 2	Trean Brasley	