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, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County: ALLE	EGHANY		
Water System ID #:	30-03-001	_			
Name of System:	SADDLE MT CAFE				
Sample Type:	le Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	01/07/15 TIME: 08:40 AM				
Location where collected:	KITCHEN SINK				
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:	E 01	Collected By:	Blair Murray		
FOR REPEAT SAMPLE:		FO	R REPLACEMENT SAMPLE:		
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time	e:		Original Collection Date:		
Proximity:			Time		
(1 = Same; 2 = Upstream	; 3 = Downstream)				
Mail Results To:		Тур	pe of Supply:		
WINSTON SALEM REGIONAL OFFICE PWSS			Community Non-Community	NTNC Private	
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated					
Telephone No. 336-771-5000 Non-Chlorinated					
EIN #: 56 6000372 X		ER #: 13-15-01	Free Chlorine R	Residual:	
			Total Chlorine F	Residual:	
RESULTS			INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.		ABSENT INVALI	2) TNTC/No Coliform 3) Turbid Culture/No 4) Over 30 Hours Old	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Samples Required			Replacement San	Replacement Samples Required	
Date Analysis Begun: 01/08/15 Date Analysis Completed: 01/09/15			Time Analysis Begun Time Analysis Compl		
Laboratory Log #:				usan Beasley	
, ,	Non-compliance (SP),	System Type: TNC, V		iresa Baasley	