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:	Stokes		
Water System ID #:	02-85-505	_			
Name of System:	Vineyard Camp				
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	01/13/16	TIME: _ 10:26	AM		
Location where collected:	T- sink				
Location Type:	ocation Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:	TSI	Collected By:	Blair Mur	ray	
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date: (1=Rd			(1=Rou	tine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time	 e:		Origina	ll Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Upstream	; 3 = Downstream)				
Mail Results To: Type of Supply:					
WINSTON SALEM REGIONAL OFFICE				Community NTNC	
450 WEST HANES MILL RD STE 300				Non-Community Private	
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated					
				Non-Chlorinated	
Telephone No. 3367715000				Free Chlorine Residual:	
EIN #: 566000372X				Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT METHO Total Coliform 9223E Fecal/E. Coli Heterotrophic P.C.		ABSENT IN X	VALID	<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 Samples Required	
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	01/14/16 01/15/16			Time Analysis Begun: 08:30 AM  Time Analysis Completed: 08:30 AM  Certified By: Susan Beasley	
COMMENTS: Special /	Non-compliance (SP)	System Type: TN	C, Water Source: G	W Thean Beasley	