

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: RANDOLPH
 Water System ID #: 30-76-011
 Name of System: MCDOWELL LUMBER
 Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
 Collected on: DATE: 01/18/17 TIME: 13:52 PM
 Location where collected: MENS RESTROOM
 Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
 Location Code: 800 Collected By: Jeff Bryan

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

Type of Supply:
 Community NTNC
 Non-Community Private
 Type of Treatment: Chlorinated
 Non-Chlorinated
 Free Chlorine Residual: _____ mg/l
 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: 01/19/17
 Date Analysis Completed: 01/20/17
 Laboratory Log #: _____

Time Analysis Begun: 08:20 AM
 Time Analysis Completed: 08:50 AM
 Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), Water Source: GW, Disinfectant Used: None

