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 #: Water System ID #: Name of System:	<u>3 7 5 0 1</u> 02-34-475 LONG CREEK CL	County: FORSYTH		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: D.	Dilected on: DATE: 01/20/16 TIME: 08:18 AM			
Location where colle	ollected: Well #1, Sample Point: W01			
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:		Collected By: Doug	g Whitmire	
FOR REPEAT SAME	PLE:	FOR REP	LACEMENT SAMPLE:	
Previous Posi	tive Location Code:		Original Sample Type:	
Positive Collec	ction 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 S	upply:	
WINSTON SALEM REGIONAL OFFICE				
450 WEST HANES MILL RD STE 300 Non-Community Private				
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated				
Telephone No. 3367715000 Non-Chlorinated				
EIN #: 566000372X Free Chlorine Residual:				
Total Chlorine Residual:				
	RESULTS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B (number)	ABSENT INVALID X	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
Repeat Samples	Required		Replacement Samples Required	
Date Analysis Begun: 01/21/16			Time Analysis Begun: 08:35 AM	
Date Analysis Comp	leted: 01/22/16		Time Analysis Completed: 08:45 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS:	Source Water - Special / Non-	compliance (SP), System Type	: TNC, Water Tuesday	
	Source: GW			