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 #: Water System ID #:	3 7 5 0 1 02-85-506	County:	STOKES	-		
Name of System:	STONEWALL O	STONEWALL G C				
Sample Type:	5 (1 = Routine	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE	01/23/18	TIME:09:00	AM			
Location where collected	d:					
Location Type:	(1 = Entry Ta	ap; 2 = General Tap;	3 = End Tap; 4 =	Source/Intakes; 5 = Other)		
Location Code:		Collected By:	Blair M	urray		
FOR REPEAT SAMPLE	:		FOR REPLAC	EMENT SAMPLE:		
Previous Positive Location Code:			Original Sample Type:			
Positive Collection		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
		Original Collection Date:				
Proximity:			 Time			
(1 = Same; 2 = Ups	tream; 3 = Downstream)					
Mail Results To:			Type of Supply	y:		
WINSTON SAL	EM REGIONAL OFF	ICE PWSS		Community	NTNC	
450 WEST HAN	IES MILL RD STE 3	00		Non-Community	Private	
WINSTON SAL			Type of Treatr	ment:		
Telephone No.	3367769800		1,000 01 11000	Non-Chlorinat	ted	
-	IDIED # 40.45.0		Free Chlorine Residual:			
EIN #: 5660003	/2X COL	JRIER #: 13-15-0	1	Total Chlorine Resi	dual:	
	RESULTS			INVALID CODES		
Total Coliform	Coliform 9223B X X X X X X X X 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 Re	quired			Replacement Sample	es Required	
Date Analysis Begun: 01/24/18				Time Analysis Begun:09:25 AM_		
Date Analysis Completed: 01/25/18				Time Analysis Completed: 09:35 AM		
Laboratory Log #:				Certified By: Susa	an Beasley	
COMMENTS: Spe	ecial / Non-compliance (SP), System Type: TI	NC, Water Source	: GW Su	an Basley	