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

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:	37501 02-76-528 0ld UMC	County: RANDOLPH		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	DATE: 01/25/16 TIME: 11:15 AM			
Location where collect	ected: Well Head, Sample Point: W01			
Location Type:	Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:		Collected By: Blair I	Murray	
FOR REPEAT SAMP	LE:	FOR REPLA	CEMENT SAMPLE:	
Previous Posit	ive Location Code:	Ori	ginal Sample Type:	
Positive Collection Date:			Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:	Ori	ginal Collection Date:	
Proximity:			Time	
(1 = Same; 2 = 1	Jpstream; 3 = Downstream)			
Mail Results To: Type of Supply:				
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 9223B (number)	ABSENT INVALID X /ml	 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: 01/26/16			Time Analysis Begun: 08:35 AM	
Date Analysis Completed: 01/27/16			Time Analysis Completed: 09:25 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS:	Source Water - Special / Non-c	compliance (SP), System Type: Tl	NC, Water Tues Brasley	
	Source: GW			