DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **3 7 5 0 1**   County: **CASWELL**

Water System ID #: **30-17-005**

Name of System: **RIVER ZION MISSIONARY BAPT CHURCH**

Sample Type: **5**   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **01/31/17**   TIME: **11:59 AM**

Location where collected: **KITCHEN SINK**

Location Type: ☐   (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: **KS 1**   Collected By: **Doug Whitmire**

FOR REPEAT SAMPLE:

Previous Positive Location Code: _____

Positive Collection Date: _____

Time: _____

Proximity: ☐
(1 = Same; 2 = Upstream; 3 = Downstream)

FOR REPLACEMENT SAMPLE:

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   COURIER #: 13-15-01

Type of Supply:

☐ Community   ☐ NTNC
☐ Non-Community   ☐ Private

Type of Treatment: ☐ Chlorinated
                              ☐ Non-Chlorinated

Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	☐	☒	☐
Fecal/E. Coli		☐	☐	☐
Heterotrophic P.C.	_____	_____ /ml (number)		

INVALID CODES

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: **02/01/17**

Date Analysis Completed: **02/02/17**

Laboratory Log #: _____

Time Analysis Begun: **09:10 AM**

Time Analysis Completed: **09:15 AM**

Certified By: **Susan Beasley**

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,

Disinfectant Used: None