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

DO NOT WRITE IN THIS SPACE

# BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

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

Water System ID #:   **30-76-014**

Name of System:      **Huldah Bapt Church**

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

Collected on:    DATE:  **02/13/13**        TIME:  **08:45 AM**

Location where collected:   **Parsonage kitchen sink**

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

Location Code:  _____     Collected By:      **Blair Murray**

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**FOR REPEAT SAMPLE:**                        **FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: _____      Original Sample Type:  ☐

Positive Collection Date:  _____            (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)

Time:  _____                                Original Collection Date:  _____

Proximity:  ☐                                   Time:  _____

(1 = Same; 2 = Upstream; 3 = Downstream)

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Mail Results To:                               Type of Supply:

**WINSTON SALEM REGIONAL OFFICE PWSS**          ☐ Community          ☐ NTNC
                                                ☐ Non-Community      ☐ Private

**WINSTON SALEM, NC 27107-2241**                Type of Treatment:  ☐ Chlorinated

**Telephone No.    336-771-5000**                                   ☐ Non-Chlorinated

**EIN #: 56 6000372 XX        COURIER #: 13-15-01**     Free Chlorine Residual:  _____
                                                Total Chlorine Residual:  _____

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### RESULTS                                    ### INVALID CODES

| CONTAMINANT | METHOD | PRESENT | ABSENT | INVALID |
|---|---|---|---|---|
| Total Coliform | **9223B** | ☐ | ☒ | ☐ |
| Fecal/E. Coli | _____ | ☐ | ☐ | ☐ |
| 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:  **02/14/13**              Time Analysis Begun:  **09:00 AM**

Date Analysis Completed:  **02/15/13**          Time Analysis Completed:  **09:25 AM**

Laboratory Log #:  _____                    Certified By:  **Susan Beasley**

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

GW