| 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 #: | <u>37501</u> | County: | YADKIN | | |
|--|--------------------------|---|---|--|--|
| Water System ID #: | 02-99-557 | 02-99-557 | | | |
| Name of System: | SILO RUN GOLF COURSE | | | | |
| Sample Type: | 5 (1 = Routine; 2 | 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | |
| Collected on: DATE: | 02/13/17 | TIME: 10:00 A | M | | |
| Location where collected: | MENS RR SINK | | | | |
| Location Type: | (1 = Entry Tap; | 2 = General Tap; 3 = | = End Tap; 4 = Source/Intakes; 5 = Other) | | |
| Location Code: | MR1 | Collected By: | Doug Whitmire | | |
| FOR REPEAT SAMPLE: | | I | FOR REPLACEMENT SAMPLE: | | |
| Previous Positive L | ocation 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 = Upstr | eam; 3 = Downstream) | | | | |
| Mail Results To: Type of Supply: | | | | | |
| WINSTON SALE | M REGIONAL OFFIC | E PWSS | Community NTNC | | |
| 450 WEST HANES MILL RD STE 300 Non-Community Private | | | | | |
| WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated | | | | | |
| Telephone No. 3367769800 Image: State of the st | | | | | |
| EIN #: 566000372 | | IER #: 13-15-01 | Free Chlorine Residual: | | |
| LIN #. 50000572 | | ILR #. 13-13-01 | Total Chlorine Residual: | | |
| | RESULTS | | INVALID CODES | | |
| CONTAMINANT ME | THOD PRESENT | ABSENT INVA | ALID 1) Confluent Growth/No Coliform Found | | |
| Total Coliform 92 | 223B X | | 2) TNTC/No Coliform Found | | |
| | 223B | x | 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old | | |
| Heterotrophic P.C. | (number) | /ml | 5) Improper Sample or Analysis | | |
| _ | · · · | | _ | | |
| Repeat Samples Requ | uired | | Replacement Samples Required | | |
| Date Analysis Begun: | 02/14/17 | | Time Analysis Begun: 09:10 AM | | |
| Date Analysis Completed: | 02/15/17 | | Time Analysis Completed: 09:15 AM | | |
| Laboratory Log #: | | | Certified By: Susan Beasley | | |
| COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW | | | | | |