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: GUILF	ORD		
Water System ID #:	02-41-457				
Name of System:	MEMORIAL PRES	MEMORIAL PRESBYTERIAN CHURCH			
Sample Type: <b>5</b> (1 = Routine; 2 = Repeat; 3 = R			ent; 4 = Plan Approval; 5 = Other)		
Collected on: DA	TE: 02/21/18	TIME: 12:50 PM			
Location where collec	ted: KITCHEN SINK				
Location Type:	(1 = Entry Tap	2 = General Tap; 3 = End	Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:	E01	Collected By:	Blair Murray		
FOR REPEAT SAMPL	LE:	FOR	FOR REPLACEMENT SAMPLE:		
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Othe	er)	
Time:			Original Collection Date:		
Proximity:			Time		
(1 = Same; 2 = L	Jpstream; 3 = Downstream)				
Mail Results To: Type of Supply:					
WINSTON SALEM REGIONAL OFFICE PWSS					
450 WEST HANES MILL RD STE 300					
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated					
Telephone No. 3367769800			Free Chlorine Residual:		
EIN #: 566000372X COURIER #: 13-15-01			Total Chlorine Residual:		
	RESULTS		INVALID CODES		
CONTAMINANT	METHOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coliform Fo	ound	
Total Coliform	9223B	X 🗌	2) TNTC/No Coliform Found		
Fecal/E. Coli	9223B	X 🗌	<ol> <li>Turbid Culture/No Coliform Foun</li> <li>Over 30 Hours Old</li> </ol>	d	
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis		
	(number)				
Repeat Samples Required			Replacement Samples Require	d	
Date Analysis Begun:	02/22/18			0 AM	
Date Analysis Completed: 02/23/18			· · ·	5 AM	
Laboratory Log #:			Certified By: Susan Beasle		
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW					