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**

Time:  Proximity:	aboratory ID #:	37 501 County:	RANDOLPH		
Sample Type:	Vater System ID #:	30-76-011			
Collected on: DATE: 02/28/17	lame of System:	MCDOWELL LUMBER	MCDOWELL LUMBER		
Location where collected: FORESTRY OFFICE  Location Type:	Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Location Type:	Collected on: DAT	E: <b>02/28/17</b> TIME:	13:35 PM		
FOR REPEAT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)  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  RESULTS  CONTAMINANT  METHOD  PRESENT ABSENT INVALID  Total Coliform  9223B  REGUITS  CONTAMINANT  METHOD  PRESENT ABSENT INVALID  I) Confluent Growth/No Coliform Four Allowers (Coliform Four Allowers)  (1 - Samples Required  Replacement Samples Required  Time Analysis Begun:  03/01/17  Date Analysis Begun:  03/02/17  Time Analysis Completed:  Original Sample Type:  (1 = Replacement Samples Required  Original Sample Type:  (1 = Replacement Samples Required  Original Sample Type:  (1 = Replacement Samples Required  Original Sample Sample Sample or Analysis Completed:  099:  Time Analysis Begun:  099:  Time Analysis Completed:  099:  Original Sample Sample or Analysis Completed:  099:  Original Sample Sample or Analysis Completed:  Original Sample Sample or Classical Samples Required	ocation where collecte	ed: FORESTRY OFFICE			
FOR REPEAT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Original Collection Date:  (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Sample Type:  (1=Routine; 2=Repeat; 3=Plan Approval; 4=Othere  Time:  Original Collection Date:  (1=Routine; 2=Repeat; 3=Plan Approval; 4=Othere  Original Sample Type:  (1=Routine; 2=Repeat; 3=Plan Approval; 4=Othere  Original Collection Date:  Time:  Original Collection Date:  Time Analysis Begun: Original Collection Date:  (1=Routine; 2=Repeat; 3=Plan Approval; 4=Othere  Original Collection Date:  Time: Original Collection Date:  Time Analysis Begun: Original Collection Date:  Time Analysis Completed: Original Collection Date:  Time Analysis Completed: Original Collection Date:  Original Collection Date:  Time Analysis Completed: Original Collection Date:  Time Analysis Collection Date:  Time Analysis Collection Date:  Original Collection Da	ocation Type:	(1 = Entry Tap; 2 = General	ll Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)		
Previous Positive Location Code:  Positive Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Original Collection Date:  Time:  Time:  Original Collection Date:  Time  Time:  Time  Time:  Original Collection Date:  Time  Tim	ocation Code:	600 Collected	d By: <b>J Bryan</b>		
Positive Collection Date:  Time:  Original Collection Date:  Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)  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  RESULTS  CONTAMINANT  METHOD  PRESENT ABSENT INVALID  Total Coliform  9223B  WINSTON Description of the properties o	OR REPEAT SAMPLE	E:	FOR REPLACEMENT SAMPLE:		
Time:	Previous Positive	e Location Code:	Original Sample Type:		
Proximity:	Positive Collection	on Date:	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Mail Results To: Type of Supply:  WINSTON SALEM REGIONAL OFFICE PWSS		Time:	Original Collection Date:		
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  RESULTS  Total Chlorine Residual: Total Chlorine Residual: Total Coliform  9223B  Total Chlorinated  Free Ch	Proximity:		 Time		
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  RESULTS  Total Chlorine Residual:  Total Coliform  9223B  Total Coliform  9223B  Total Coliform  Heterotrophic P.C.  (number)  Repeat Samples Required  Date Analysis Begun:  03/01/17  Date Analysis Completed:  03/02/17  Type of Treatment:  Chlorinated  Non-Chlorinated  Non-Chlorinated  Free Chlorine Residual:  Total Coliform Found  1) Confluent Growth/No Coliform Found  3) Turbid Culture/No Coliform Found  4) Over 30 Hours Old  5) Improper Sample or Analysis	(1 = Same; 2 = Up	stream; 3 = Downstream)			
450 WEST HANES MILL RD STE 300  WINSTON SALEM, NC 27105  Telephone No. 3367769800  EIN #: 566000372X  COURIER #: 13-15-01  RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: 03/01/17  Date Analysis Completed: 03/02/17  Type of Treatment: Chlorinated Non-Community Privation The Analysis Segulation Non-Community Privation The Analysis Segulation Total Chlorinated Non-Community Privation Total Chlorinated Non-Community Privation Total Chlorinated Non-Community Privation The Analysis Segulation Total Chlorinated Non-Community Non-Community Privation Total Chlorine Residual: Total Ch	/lail Results To:		Type of Supply:		
WINSTON SALEM, NC 27105  Telephone No. 3367769800  EIN #: 566000372X  COURIER #: 13-15-01  RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: 03/01/17  Date Analysis Completed: 03/02/17  Type of Treatment: Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Pree Chlorine Residual: Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Pree Chlorine Residual: Total Chlorine Residual: Non-Chlorinated Pree Chlorine Residual: Total Chlorine Residual: Non-Chlorinated	WINSTON SAL	EM REGIONAL OFFICE PWSS	Community X NTNC		
Telephone No. 3367769800  EIN #: 566000372X  COURIER #: 13-15-01  RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID 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  Date Analysis Begun: 03/01/17  Date Analysis Completed: 03/02/17  Time Analysis Completed: 09:	450 WEST HA	NES MILL RD STE 300	Non-Community Private		
Telephone No. 3367769800  EIN #: 566000372X  COURIER #: 13-15-01  RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID 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  Date Analysis Begun: 03/01/17  Date Analysis Completed: 03/02/17  Time Analysis Completed: 09:	WINSTON SAL	-EM. NC 27105	Type of Treatment:		
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RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID  Total Coliform 9223B X 2 2) TNTC/No Coliform Found  Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: 03/01/17  Date Analysis Completed: 03/02/17  Time Analysis Completed: 09:	-		Free Chlorine Residual: 0 mg		
CONTAMINANT METHOD PRESENT ABSENT INVALID  Total Coliform Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun:  Date Analysis Completed:  03/02/17  1) Confluent Growth/No Coliform Four 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Four 4) Over 30 Hours Old 5) Improper Sample or Analysis  Replacement Samples Required  Time Analysis Begun: 09:	LIN #. 300000	77 2X GOOKIEK #. 13-	Total Chlorine Residual: 0 mg		
Total Coliform  Pecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun:  Date Analysis Completed:  03/02/17  2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis  Replacement Samples Required  Time Analysis Begun: 09: Time Analysis Completed: 09:		RESULTS	INVALID CODES		
Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun:  Date Analysis Completed:  03/02/17  3) Turbid Culture/No Coliform Four 4) Over 30 Hours Old 5) Improper Sample or Analysis  Replacement Samples Required  Time Analysis Begun: 09: Time Analysis Completed: 09:	CONTAMINANT	METHOD PRESENT ABSENT	INVALID 1) Confluent Growth/No Coliform Found		
Heterotrophic P.C.    A) Over 30 Hours Old   5) Improper Sample or Analysis     Repeat Samples Required   Replacement Samples Required     Date Analysis Begun:   03/01/17   Time Analysis Begun:   09:     Date Analysis Completed:   03/02/17   Time Analysis Completed:   09:	otal Coliform	9223B X	1 1		
Repeat Samples Required  Date Analysis Begun:  Date Analysis Completed:  03/02/17    Time Analysis Completed:   O3/02/17   O3/02/17   O3/02/17   O9:	ecal/E. Coli				
Repeat Samples Required  Date Analysis Begun: 03/01/17 Date Analysis Completed: 03/02/17  Date Analysis Completed: 03/02/17  Date Analysis Completed: 09:	leterotrophic P.C.		· · · · · · · · · · · · · · · · · · ·		
Date Analysis Begun: 03/01/17 Date Analysis Completed: 03/02/17  Time Analysis Begun: 09: 09: 09: 09: 09: 09: 09: 09: 09: 09		(number)			
Date Analysis Completed: 03/02/17 Time Analysis Completed: 09:	Repeat Samples Re	equired	Replacement Samples Required		
· · · · · —	ate Analysis Begun:	03/01/17	Time Analysis Begun: 09:15 AM		
Laboratory Log #: Certified By: Susan Beasl	ate Analysis Complete	ed: <b>03/02/17</b>	Time Analysis Completed: 09:30 AM		
	aboratory Log #:		-		
COMMENTS: Special / Non-compliance (SP), Water Source: GW	COMMENTS: Si	pecial / Non-compliance (SP), Water Sou	irce: GW Trean Brasley		