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:	WILKES				
Water System ID #:	01-97-558	01-97-558					
Name of System:	DENNYVILLE B	DENNYVILLE BAPTIST CHURCH					
Sample Type:	sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DA	ATE: <u>03/06/17</u>	03/06/17 TIME:14:07 PM					
Location where collect	ted: KITCHEN SINK						
Location Type:	(1 = Entry Ta	p; 2 = General Tap	; 3 = End Tap; 4 = So	ource/Intakes; 5 = C	Other)		
Location Code:	KS 1	Collected By	Doug Whi	tmire			
FOR REPEAT SAMP	LE:		FOR REPLACE	MENT SAMPLE:			
Previous Positive Location Code: O				riginal Sample Type:			
Positive Collection Date: (				=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time: Origin				nal Collection Date:			
Proximity:				Time			
(1 = Same; 2 = l	Jpstream; 3 = Downstream)						
Mail Results To: Type of Supply:							
WINSTON SA	ALEM REGIONAL OFFI	CE PWSS		Community	Пити	1C	
450 WEST H	ANES MILL RD STE 30	0		Non-Commu	=		
	ALEM, NC 27105		Type of Treatme	ent: D Chlc	orinated		
			Type of Treatme	=	-Chlorinated		
Free Chlorine Residual:							
EIN #: 566000372X COURIER #: 13-15-01				Total Chlorine Residual:			
	RESULTS			INVALID COD	FQ		
CONTAMINANT METHOD PRESENT ABSENT INVALID				<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> </ol>			
Total Coliform 9223B X X X X X				3) Turbid Culture/No Coliform Found			
Fecal/E. Coli  Heterotrophic P.C.  MI  MI  MI  MI  MI  MI  MI  MI  MI  M				4) Over 30 Hours Old			
Tieterotrophic F.C.	(numbe			5) Improper Sai	mple or Analysis		
Repeat Samples Required				Replacement Samples Required			
Date Analysis Begun: 03/07/17				Time Analysis Begun:09:15 AM_			
Date Analysis Completed: 03/08/17				Time Analysis Completed: 09:30 AM			
Laboratory Log #:				Certified By:	Susan Bea		
COMMENTS:	Special / Non-compliance (S	/ Non-compliance (SP), System Type: TNC, Water Source: GW,				raley	
	Disinfectant Used: None.						