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: YADK	N	
Water System ID #:	02-99-432	_		
Name of System:	_	WEST YADKIN BAPTIST CHURCH		
Sample Type:				
	ATE: <u>03/14/17</u>	TIME: 14:02 PM		
Location where collect				
Location Type:	(1 = Entry Tap;	·	ap; 4 = Source/Intakes; 5 = Other)	
Location Code:	KHS	Collected By: D	oug Whitmire	
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)			
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC				
450 WEST HANES MILL RD STE 300 Non-Community Private				
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated				
Telephone No. 3367769800 Non-Chlorinated				
EIN #: 566000372X			Free Chlorine Residual:	
LIN #. 30000	000 COOK	ILIX #. 13-13-01	Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT	METHOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coliform Found	
Total Coliform	9223B X		2) TNTC/No Coliform Found	
Fecal/E. Coli	9223B	X	3) Turbid Culture/No Coliform Found	
Heterotrophic P.C.		/ml	4) Over 30 Hours Old5) Improper Sample or Analysis	
	(number)		, , , , , , , , , , , , , , , , , , , ,	
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun: 03/15/17			Time Analysis Begun: 09:00 AM	
Date Analysis Completed:03/16/17			Time Analysis Completed: 09:10 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,				
	Disinfectant Used: None			