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: AL	AMANCE			
Water System ID #:	02-01-184					
Name of System:	COUNTRYSIDE MHP (SECTION C)					
ample Type:						
Collected on: DATE:	ted on: DATE: <u>03/26/18</u> TIME: <u>10:05 AM</u>					
ocation where collected: OUTSIDE SPIGOT (WELL C)						
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3 =	End Tap; 4 = Source/	Intakes; 5 = Other)		
Location Code:	033	Collected By: _	Shawn Fox			
FOR REPEAT SAMPLE:		F	OR REPLACEMEN	T SAMPLE:		
Previous Positive Location Code:			Original Sample Type:			
Positive Collection Date:			(1=Routine; 2	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:			Original Col	Original Collection Date:		
Proximity:				Time		
(1 = Same; 2 = Upstrear	n; 3 = Downstream)					
Mail Results To:		T	ype of Supply:			
WINSTON SALEM	REGIONAL OFFIC	E PWSS	П	Community	NTNC	
450 WEST HANES	MILL RD STE 300		=	Non-Community	Private	
WINSTON SALEM,			ype of Treatment:	Chlorinated		
Non Chloricated						
Telephone No. 3367769800				Free Chlorine Residual:		
EIN #: 566000372X	COUR	RIER #: 13-15-01		Total Chlorine Residu	ıal:	
	RESULTS		INV	/ALID CODES		
CONTAMINANT METHOD PRESENT ABSENT INVALID			•	Confluent Growth/No Coliform Found TNTC/No Coliform Found		
Total Coliform 9223 Fecal/E. Coli 9223		<u>X </u>		Turbid Culture/No Colifo		
Fecal/E. Coli Heterotrophic P.C. X				4) Over 30 Hours Old		
	(number)		5) I	mproper Sample or Ana	llysis	
Repeat Samples Require	ed .			Replacement Samples	Required	
Date Analysis Begun: 03/27/18				ne Analysis Begun:	09:40 AM	
Date Analysis Completed: 03/28/18				ne Analysis Completed:	09:40 AM	
Laboratory Log #:			Cer	rtified By: Susan	Beasley	
COMMENTS: Special	/ Non-compliance (SP), System Type: A Co	m,Water Source: GW	Tus	Bearley	