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: GU	UILFORD
Water System ID #:	02-41-209		
Name of System:	STERLING RIDGE	E	
Sample Type:	5 (1 = Routine; 2	= Repeat; 3 = Replac	acement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	03/26/18	TIME: 15:00 PM	M
Location where collected:	3101 Esteswood	Ct, Greensboro / O	Dutside Tap
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 =	= End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	033	Collected By:	Mike Painter
FOR REPEAT SAMPLE:		F	FOR REPLACEMENT SAMPLE:
Previous Positive L	ocation 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 = Upstr	ream; 3 = Downstream)		
Mail Results To:		T	Гуре of Supply:
WINSTON SALE	M REGIONAL OFFIC	E PWSS	X Community NTNC
450 WEST HAN	ES MILL RD STE 300		Non-Community Private
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated			
Telephone No.	3367769800		Free Chlorine Residual: 0.40 mg/l
EIN #: 56600037	2X COUR	IER #: 13-15-01	Total Chlorine Residual:
	RESULTS		INVALID CODES
Total Coliform 9	THOD PRESENT 223B 223B (number)	ABSENT INVAI	ALID1) Confluent Growth/No Coliform Found2) TNTC/No Coliform Found3) Turbid Culture/No Coliform Found4) Over 30 Hours Old5) Improper Sample or Analysis
Repeat Samples Req	uired		Replacement Samples Required
Date Analysis Begun:	03/27/18		Time Analysis Begun: 09:40 AM
Date Analysis Completed	: 03/28/18		Time Analysis Completed: 09:40 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Special / Non-compliance (SP), Water Source: GW, Disinfectant Used: Chlorine			