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: ALA	MANCE	
Water System ID #:	02-01-573			
Name of System: REVER		EVERENCE FARMS CAFE		
Sample Type:       5       (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: D/	ATE: 05/02/18	TIME: 10:00 AM	_	
Location where colled	ted: WASH SINK			
Location Type:	(1 = Entry	Tap; 2 = General Tap; 3 = E	nd Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	WSH	Collected By:	Blair Murray	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:			R 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 =	Jpstream; 3 = Downstrean	ו)		
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS				
450 WEST HANES MILL RD STE 300				
<u> </u>				
Telephone N			Free Chlorine Residual:	
EIN #: 56600	0372X CO	URIER #: 13-15-01	Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT	METHOD PRESEN	T ABSENT INVALI		
Total Coliform	<u>9223B</u> X		<ol> <li>2) TNTC/No Coliform Found</li> <li>3) Turbid Culture/No Coliform Found</li> </ol>	
Fecal/E. Coli Heterotrophic P.C.	9223B		4) Over 30 Hours Old	
	(num!	/ml ber)	5) Improper Sample or Analysis	
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun	05/03/18		Time Analysis Begun: 08:25 AM	
Date Analysis Compl	eted: 05/04/18		Time Analysis Completed: 09:00 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Special/Non-compliance (SP), System Type: TNC, Water Source: GW				