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 #:	37501	County:	RANDOLPH
Water System ID #:	02-76-219	_	
Name of System:	QUEEN MHP #2		
Sample Type:	<b>5</b> (1 = Routine; 2	= Repeat; 3 = Re	eplacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	05/09/18	TIME: 11:15	5 AM
Location where collected:	WELL #2		
Location Type:	(1 = Entry Tap;	2 = General Tap;	; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	200	Collected By:	J Bryan
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:
Previous Positive Loc	ation Code:		Original Sample Type:
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Tir	ne:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = Upstrea	m; 3 = Downstream)		
Mail Results To:			Type of Supply:
WINSTON SALEM	REGIONAL OFFIC	E PWSS	Community NTNC
450 WEST HANES MILL RD STE 300			
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated			
•			Eree Chlorine Residual
EIN #: 566000372X	COUR	IER #: 13-15-0	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT METH	OD PRESENT	ABSENT IN	NVALID 1) Confluent Growth/No Coliform Found
Total Coliform 922	зв	X	2) TNTC/No Coliform Found
Fecal/E. Coli 922	зв	X	<ul> <li>3) Turbid Culture/No Coliform Found</li> <li>4) Over 30 Hours Old</li> </ul>
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis
	(number)		
Repeat Samples Requir	ed		Replacement Samples Required
Date Analysis Begun:	05/10/18		Time Analysis Begun: 08:05 AM
Date Analysis Completed:	05/11/18		Time Analysis Completed: 08:30 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Special / Non-compliance (SP), System Type: NP, Water Source: GW			