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:	STOKES	_
Water System ID #:	02-85-010			
Name of System:  CITY OF KING  Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Location where collected:  Location Type:  107 WHITE RD  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
FOR REPEAT SAMPL	E:		FOR REPLA	CEMENT SAMPLE:
Previous Positive Location Code: Orig			ginal Sample Type:	
			Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time: Orig			ginal Collection Date:	
Proximity:	_			Time
(1 = Same; 2 = U	pstream; 3 = Downstream)	)		
Mail Results To:			Type of Supp	niv.
WINSTON SA	LEM REGIONAL OFF	ICE DWSS	. , p 0 0. 0 0 p	X Community NTNC
				Non-Community Private
	NES MILL RD STE 3	00		Tron command
WINSTON SA	LEM, NC 27105		Type of Trea	=
Telephone No	3367769800			Non-Chlorinated
EIN #: 566000	372X COL	JRIER #: 13-15	-01	Free Chlorine Residual: 1.4 mg/
				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		<ul><li>4) Over 30 Hours Old</li><li>5) Improper Sample or Analysis</li></ul>
	(numbe	er)		o, impropor campio or , maryoto
Repeat Samples Required				Replacement Samples Required
Date Analysis Begun: 05/15/18				Time Analysis Begun:09:30 AM_
Date Analysis Completed: 05/16/18			Time Analysis Completed: 10:35 AM	
Laboratory Log #:				Certified By: Susan Beasley
COMMENTS: R	outine Originial (RTOR), Water Source: SW, Disinfectant Used: Sodium			
<u>H</u>	Hypochlorite			