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 #: Water System ID #:	37501 02-41-126	County: GUILFORD	-
Name of System:	MONROE'S MHP	_	
Sample Type:	Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)		
Collected on: D	ATE: 06/12/18	TIME: 10:20 AM	
Location where colle	collected: 1101 FRONTIER LANE / OUTSIDE TAP		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = End Tap; 4 = 9	Source/Intakes; 5 = Other)
Location Code:	G07	Collected By: Mike Pa	<u>uinter</u>
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:			
Previous Posi	tive Location Code:	Origin	nal Sample Type:
Positive Collection Date:			outine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:	Origii	nal Collection Date:
Proximity:]		Time
(1 = Same; 2 =	Upstream; 3 = Downstream)		
Mail Results To: Type of Supply:			
WINSTON SALEM REGIONAL OFFICE PWSS X Community NTNC			
450 WEST HANES MILL RD STE 300 Non-Community Private			
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated			
Telephone No. 3367769800 Non-Chlorinated			
EIN #: 566000372X COURIER #: 13-15-01			Free Chlorine Residual: 0.49 mg/
	RESULTS		INVALID CODES
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B 9223B (number)	ABSENT INVALID X X D /ml	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis
Repeat Samples Required			Replacement Samples Required
Date Analysis Begun: 06/13/18			Time Analysis Begun: 09:15 AM
Date Analysis Completed:06/14/18			Time Analysis Completed: 10:12 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS:	Special/Non-compliance (SP),	Water Source: GW. Disinfectant Us	ed: Sodium Turan Baarley
	Hypochlorite		