

N.C. Department of Environmental, Health, and Natural Resources  
Division of Laboratory Services  
State Laboratory of Public Health  
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DO NOT WRITE IN THIS SPACE

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: SURRY  
Water System ID #: 02-86-627  
Name of System: HOLY CROSS MISSIONARY BAPTIST CHURCH  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 06/19/17 TIME: 10:43 AM  
Location where collected: WOMENS RESTROOM  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: WR1 Collected By: Doug Whitmire

**FOR REPEAT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:   
(1 = Same; 2 = Upstream; 3 = Downstream)

**FOR REPLACEMENT SAMPLE:**

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

**WINSTON SALEM REGIONAL OFFICE PWSS**  
**450 WEST HANES MILL RD STE 300**  
**WINSTON SALEM, NC 27105**  
**Telephone No. 3367769800**  
**EIN #: 566000372X**      **COURIER #: 13-15-01**

Type of Supply:

Community       NTNC  
 Non-Community       Private

Type of Treatment:

Chlorinated  
 Non-Chlorinated

Free Chlorine Residual: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____	_____ /ml	

(number)

**INVALID CODES**

- 1) Confluent Growth/No Coliform Found
- 2) TNTC/No Coliform Found
- 3) Turbid Culture/No Coliform Found
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 06/20/17  
Date Analysis Completed: 06/21/17  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 09:00 AM  
Time Analysis Completed: 09:40 AM  
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,  
Disinfectant Used: None

