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:                     | WILKES             |   |                               |  |
|---|------------------------|-----------------------------|--------------------|---|-------------------------------|--|
| Water System ID #:  | 01-97-442              |                             |                    |   |                               |  |
| Name of System:   | ROCK SPRING            | ROCK SPRINGS BAPTIST CHURCH |                    |   |                               |  |
| Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)     |                        |                             |                    |   |                               |  |
| Collected on: DATE:   | 07/05/17 TIME:13:31 PM |                             |                    |   |                               |  |
| ocation where collected: UPSTAIRS WOMENS RR   |                        |                             |                    |   |                               |  |
| Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other) |                        |                             |                    |   |                               |  |
| Location Code:  | UWR                    | Collected E                 | By: Doug N         | Whitmire  |                               |  |
| FOR REPEAT SAMPLE:  |                        |                             | FOR REPLA          | ACEMENT SAMPLE:                                 |                               |  |
| Previous Positive Location Code:  |                        |                             | Or                 | Original Sample Type:                           |                               |  |
| Positive Collection Date:   |                        |                             | (1=                | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) |                               |  |
| Time:   |                        |                             | Or                 | Original Collection Date:                       |                               |  |
| Proximity:  |                        |                             |                    | Time  |                               |  |
| (1 = Same; 2 = Upstre   | eam; 3 = Downstream    | )                           |                    |   |                               |  |
| Mail Results To: Type of Supply:  |                        |                             |                    |   |                               |  |
| WINSTON SALEM   | I REGIONAL OFI         | FICE PWSS                   |                    | 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   |                        |                             | 5.01               | Free Chlorine Residua                           | al:                           |  |
| LIN #. 300000372  | X 00                   | JKILK #. 13-1               | 3-01               | Total Chlorine Residua                          | al:                           |  |
| RESULTS   |                        |                             |                    | INVALID CODES                                   |                               |  |
| CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No C                          |                        |                             |                    |   |                               |  |
| 3) Turbid Culture/No Coliform   |                        |                             |                    |   |                               |  |
| Fecal/E. Coli  Heterotrophic P.C.  X  /ml   |                        |                             |                    | 4) Over 30 Hours Old                            | •                             |  |
|   | (numb                  | (number)                    |                    | 5) Improper Sample or Analysis                  |                               |  |
| Repeat Samples Required   |                        |                             |                    | Replacement Samples F                           | Replacement Samples Required  |  |
| Date Analysis Begun: 07/06/17   |                        |                             |                    | Time Analysis Begun:                            | Time Analysis Begun: 08:40 AM |  |
| Date Analysis Completed: 07/07/17   |                        |                             |                    | Time Analysis Completed:                        |                               |  |
| Laboratory Log #:   |                        |                             |                    |   | Beasley                       |  |
| COMMENTS: Speci   | al / Non-compliance (  | SP), System Type            | e: TNC, Water Soul | rce: GW Turn                                    | Bearley                       |  |