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

gh, NC 27611-8047 919-733-7308 DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County:	Guilford	
Water System ID #:	02-41-565			
Name of System:	Frank & Larrys Drive In			
Sample Type:	(1 = Routine; 2	= Repeat; 3 = Rep	eplacement; 4 = Plan Approval; 5 = Other)	
Collected on: DATE:	07/09/14	TIME: <b>12:25</b>	5 PM	
Location where collected:	Kitchen sink			
Location Type:	(1 = Entry Tap	2 = General Tap;	; 3 = End Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	E02	Collected By:	Blair Murray	
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:	
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
Tir	me:		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 Non-Community Private	
WINSTON SALEM	NC 27107-2241		Type of Treatment: Chlorinated	
Telephone No.	336-771-5000		Non-Chlorinated	
EIN #: 56 6000372	XX COUR	IER #: 13-15-01	Free Chlorine Residual:  Total Chlorine Residual:	
			Total Cilionne Recidual.	_
	RESULTS		INVALID CODES	
CONTAMINANT METH Total Coliform 9223 Fecal/E. Coli Heterotrophic P.C.		ABSENT INV	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 Requir	ed		Replacement Samples Required	
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	07/10/14 07/11/14	System Type: TN	Time Analysis Begun:  Time Analysis Completed:  Certified By:  Susan Beasley  NC,Water Source: GW.	
COMMENTS: Special	7 Hon-compliance (OF)	i, Oyaloin Type. TN	ito, tratal double. Giv.	