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: ALLEG	HANY	
Water System ID #:	01-03-476			
Name of System:	RIVER CAMP US	A		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	TE: 07/11/17	TIME: 11:12 AM		
Location where collec	ected: STORE - BATHROOM HAND SINK			
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = End	1 Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	ST1	Collected By:	Shawn Fox	
FOR REPEAT SAMPLE: FOR REPLA			REPLACEMENT SAMPLE:	
Previous Positive Location Code:		Original Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time:			Original Collection Date:	
Proximity:			Time	
(1 = Same; 2 = L	Jpstream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS				
450 WEST HANES MILL RD STE 300				
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated				
Telephone No			Free Chlorine Residual:	
EIN #: 566000	J372X COUR	IER #: 13-15-01	Total Chlorine Residual:	
	RESULTS		INVALID CODES	
	METHOD PRESENT	ABSENT INVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found 	
Total Coliform Fecal/E. Coli	9223B 9223B		3) Turbid Culture/No Coliform Found	
Heterotrophic P.C.		/ml	4) Over 30 Hours Old	
	(number)		5) Improper Sample or Analysis	
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun:	07/12/17		Time Analysis Begun: 08:55 AM	
Date Analysis Comple	eted: 07/13/17		Time Analysis Completed: 09:05 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW				