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 #:   **3 7 5 0 1**   County: **YADKIN**

Water System ID #:   **02-99-450**

Name of System: **YADKIN COUNTRY CLUB**

Sample Type: **5**   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **08/02/17**   TIME: **13:45 PM**

Location where collected: **MEN'S LOCKER ROOM**

Location Type: ☐   (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: **MLR**   Collected By: **Doug Whitmire**

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)

Time: _____   Original Collection Date: _____

Proximity: ☐   Time: _____
(1 = Same; 2 = Upstream; 3 = Downstream)

Mail Results To: Type of Supply:

WINSTON SALEM REGIONAL OFFICE 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 #: 13-15-01 Free Chlorine Residual: _____

                                                    Total Chlorine Residual: _____

RESULTS   ### INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	X	☐	☐
Fecal/E. Coli	**9223B**	☐	X	☐
Heterotrophic P.C.	_____	_____ /ml		
		(number)		

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: **08/03/17**   Time Analysis Begun: **08:30 AM**

Date Analysis Completed: **08/04/17**   Time Analysis Completed: **08:40 AM**

Laboratory Log #: _____   Certified By: **Susan Beasley**

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW