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: YADKIN	i i i i i i i i i i i i i i i i i i i		
Water System ID #: 02-99-436					
Name of System:	BRANON FRIEN	BRANON FRIENDS MEETING			
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DA	TE: 08/09/17	TIME: 13:19 PM			
Location where collect	ted: KITCHEN SINK				
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:	KS1	Collected By: Do	ug Whitmire		
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:					
Previous Positi	ve 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					
Free Chlorine Residual					
EIN #: 566000372X COURIER #: 13-15-01			Total Chlorine Residua	Total Chlorine Residual:	
RESULTS INVALID CODES					
CONTAMINANT	METHOD PRESENT	ABSENT INVALID	 Confluent Growth/No Coli TNTC/No Coliform Found 	form Found	
Total Coliform	9223B		3) Turbid Culture/No Coliforn	n Found	
Fecal/E. Coli Heterotrophic P.C.	9223B	/ml	4) Over 30 Hours Old		
	(number		5) Improper Sample or Analy	vsis	
Repeat Samples F	Required	Replacement Samples R	Replacement Samples Required		
Date Analysis Begun:	08/10/17		Time Analysis Begun:	08:30 AM	
Date Analysis Completed: 08/11/17			Time Analysis Completed:	Time Analysis Completed: 09:05 AM	
Laboratory Log #:			Certified By: Susan I		
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW					