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 #:	37501	County: ROCKINGHAM		
Water System ID #:	02-79-660	_		
Name of System:	MT HERMON BAPTIST CHURCH			
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DAT	E: 08/10/16	TIME: 12:37 PM		
Location where collecte	ed: OUTSIDE SPIGOT	ſ		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = End Tap; 4 = Sc	ource/Intakes; 5 = Other)	
Location Code:	<u>OS1</u>	Collected By: Doug Whit	mire	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:			MENT SAMPLE:	
Previous Positive	e Location Code:	Origina	al Sample Type:	
Positive Collection Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time:	Origina	al Collection Date:	
Proximity:			Time	
(1 = Same; 2 = Up	stream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE				
450 WEST HANES MILL RD STE 300				
		Type of Treatme	ent: Chlorinated Non-Chlorinated	
Telephone No. 3367715000			Free Chlorine Residual: 0.0 mg/l	
EIN #: 5660003	372X		Total Chlorine Residual: mg/l	
	RESULTS		INVALID CODES	
CONTAMINANT	IETHOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coliform Found	
Total Coliform	9223B		2) TNTC/No Coliform Found	
Fecal/E. Coli			 Turbid Culture/No Coliform Found Over 30 Hours Old 	
Heterotrophic P.C.	(number)	/ml	5) Improper Sample or Analysis	
Repeat Samples Required Replacement Samples Required				
Date Analysis Begun:	08/11/16		Time Analysis Begun: 08:15 AM	
Date Analysis Complete	ed: 08/12/16		Time Analysis Completed: 08:15 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW				