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: YADKIN		
Water System ID #:	02-99-520	_	-	
Name of System: BALTIMORE METHODIST CHURCH				
Sample Type:	ample Type: <b>5</b> (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DA	ATE: 08/17/16	TIME: 09:41 AM		
Location where collect	cted: KITCHEN SINK			
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = End Tap; 4 =	Source/Intakes; 5 = Other)	
Location Code:	KS 1	Collected By: Doug WI	hitmire	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:				
Previous Positi	ive Location Code:	Original Sample Type:		
Positive Collection Date: (1=			outine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time: O		Origi	inal Collection Date:	
Proximity: Time				
(1 = Same; 2 = l	Jpstream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS				
			Non-Community Private	
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated				
Free Chlorine Residual				
EIN #: 56 6000372 XX COURIER #: 13-15-01			Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT	METHOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coliform Found	
Total Coliform	9223B		<ol> <li>2) TNTC/No Coliform Found</li> <li>3) Turbid Culture/No Coliform Found</li> </ol>	
Fecal/E. Coli	LI		4) Over 30 Hours Old	
Heterotrophic P.C.	(number)	/ml	5) Improper Sample or Analysis	
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun:	08/18/16		Time Analysis Begun:08:12 AM	
Date Analysis Comple	eted: 08/19/16		Time Analysis Completed: 08:25 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS:	OMMENTS:         Special / Non-compliance (SP), System Type: TNC, Water Source: GW         Successful askey			