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: **ALAMANCE**

Water System ID #:   **00-00-000**

Name of System: **JAME'S COTTON GIN CAFE**

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

Collected on: DATE: **08/21/14**   TIME: **11:45 AM**

Location where collected: **KITCHEN SINK**

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

Location Code: _____   Collected By: **Blair Murray**

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

☐ Non-Community   ☐ Private

WINSTON SALEM, NC 27107-2241   Type of Treatment: ☐ Chlorinated

Telephone No.   336-771-5000   ☐ Non-Chlorinated

EIN #: 56 6000372 XX   COURIER #: 13-15-01   Free Chlorine Residual: _____

Total Chlorine Residual: _____

| | **RESULTS** | | | | **INVALID CODES** |

CONTAMINANT   METHOD   PRESENT   ABSENT   INVALID

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
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: **08/21/14**   Time Analysis Begun: **14:20 PM**

Date Analysis Completed: **08/22/14**   Time Analysis Completed: **08:40 AM**

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

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

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