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	
Water System ID #:	02-99-462			
Name of System:	JIMS GRILL			
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	08/28/17	TIME: 10:3	0 AM	
Location where collected:	KITCHEN SINK			
Location Type:	(1 = Entry Ta	p; 2 = General Tap	; 3 = End Tap; 4 = S	ource/Intakes; 5 = Other)
Location Code:	E01	Collected By:	Blair Mu	rray
FOR REPEAT SAMPLE:			FOR REPLACE	EMENT SAMPLE:
Previous Positive Location Code:			Original Sample Type:	
Positive Collection Date:			(1=Ro	utine; 2=Repeat; 3=Plan Approval; 4=Other)
Time:			Origin	al Collection Date:
Proximity:				Time
(1 = Same; 2 = Upstre	am; 3 = Downstream)			
Mail Results To:			Type of Supply	:
WINSTON SALEM REGIONAL OFFICE PWSS				
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			11	Free Chlorine Residual:
LIN #. 300000372	x 000	NILK #. 13-13-	, 1	Total Chlorine Residual:
	RESULTS			INVALID CODES
Total Coliform 922	PRESENT 23B X (1) (2) (2) (3) (4) (5) (7) (7) (7) (7) (7) (7) (7	X	NVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis
(number) Repeat Samples Required				Replacement Samples Required
Date Analysis Begun: 08/29/17				Time Analysis Begun: 09:10 AM
Date Analysis Completed: 08/30/17				Time Analysis Begun: 09:10 AM Time Analysis Completed: 10:00 AM
Laboratory Log #:				Certified By: Susan Beasley
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW				