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: GUIL	FORD
Water System ID #:	02-41-599		
Name of System:	GASTON #3		
Sample Type:	<b>5</b> (1 = Routine; 2	= Repeat; 3 = Replace	ment; 4 = Plan Approval; 5 = Other)
Collected on: DATI	E: 08/28/17	TIME: 08:30 AM	_
Location where collecte	d: BATHROOM		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = Ei	nd Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	E01	Collected By:	Blair Murray
FOR REPEAT SAMPLE	:	FOI	R 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 = Ups	stream; 3 = Downstream)		
Mail Results To: Type of Supply:			
WINSTON SAL	EM REGIONAL OFFIC	E PWSS	
450 WEST HANES MILL RD STE 300			
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated			
Telephone No.			Free Chlorine Residual:
EIN #: 5660003	COUR	IER #: 13-15-01	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT M	IETHOD PRESENT	ABSENT INVALII	D 1) Confluent Growth/No Coliform Found
	9223B X		2) TNTC/No Coliform Found
	9223B		<ul><li>3) Turbid Culture/No Coliform Found</li><li>4) Over 30 Hours Old</li></ul>
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis
	(number)		
Repeat Samples Re	quired		Replacement Samples Required
Date Analysis Begun:	08/29/17		Time Analysis Begun: 09:10 AM
Date Analysis Complete	ed: 08/30/17		Time Analysis Completed: 10:00 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW			