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, N.C. 27611-8047

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: Water System ID #: Name of System:		<u>37501</u>	County:	STOKES		
		02-85-554				
		FRIENDS BAPTIST CH				
Sample Type:		<b>5</b> (1 = Routine;	e; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on:	DATE:	09/03/14 TIME:11:45 AM				
Location where co	ollected:	WELL HEAD				
Location Type:		4 (1 = Entry Ta	p; 2 = General Ta	o; 3 = End Tap; 4	= Source/Intakes; 5 = Other)	
Location Code:		W01	Collected By	Blair N	<i>l</i> lurray	
FOR REPEAT SA	MPLE:			FOR REPLA	CEMENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:			
Positive Collection Date:				(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time	: :		Oriç	ginal Collection Date:	
Proximity:				Time		
(1 = Same; 2	2 = Upstream;	3 = Downstream)				
Mail Results To:				Type of Supp	oly:	
WINSTON	SALEM R	EGIONAL OFFI	CE PWSS		Community NTNC  X Non-Community Private	
WINSTON	SALEM, N	IC 27107-2241		Type of Trea	tment: Chlorinated	
Telephone	e No. 33	6-771-5000			X Non-Chlorinated	
-	6000372 XX	cou	RIER #: 13-15-	01	Free Chlorine Residual: Total Chlorine Residual:	
		RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C	METHO 9223B		<b>X</b> 	NVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Sampl	es Required				Replacement Samples Required	
Date Analysis Beg Date Analysis Cor Laboratory Log #: COMMENTS:	_	09/04/14 09/05/14			Time Analysis Begun:  Time Analysis Completed:  Certified By:  Susan Beasley  Tuan Baale	AM /