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:	STOKES			
Water System ID #:	02-85-515					
Name of System:	HILLBILLY HIDEAWAY					
Sample Type:	5 (1 = Routine	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	09/07/16	TIME: 09):30 AM			
Location where collected:	KITCHEN WAS	H SINK				
Location Type:	(1 = Entry Ta	np; 2 = General ٦	ap; 3 = End Tap;	4 = Source/Intakes; 5 = Other)		
Location Code:		Collected E	By: Blai	r Murray		
FOR REPEAT SAMPLE:			FOR REPL	ACEMENT SAMPLE:		
Previous Positive Location Code:			C	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	am; 3 = Downstream)					
Mail Results To:			Type of Su	ipply:		
WINSTON SALEM	I REGIONAL OFF	ICE PWSS		Community Non-Community	NTNC Private	
WINSTON SALEM	I, NC 27107-2241		Type of Tre	eatment: Chlorinated		
Telephone No.	336-771-5000			Non-Chlorinat	ed	
EIN #: 56 6000372	xx cou	RIER #: 13-1	5-01	Free Chlorine Resident Total Chlorine Resident		
RESULTS				INVALID CODES		
Total Coliform 922	THOD PRESENT ABSENT INVALID 223B 223B (number)			 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 		
Repeat Samples Requi	red			Replacement Sample	s Required	
Date Analysis Begun: 09/08/16				Time Analysis Begun:	Time Analysis Begun: 09:00 AM	
Date Analysis Completed: 09/09/16				Time Analysis Completed	: 09:25 AM	
Laboratory Log #:					n Beasley	
COMMENTS: Specia	al / Non-compliance (S	SP), System Type	e:TNC, Water Sou	rrce: GW	en Beasley	