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	7501	County:	YADKIN			
Water System ID #:	02	2-99-462					
Name of System:	JI	M'S GRILL					
Sample Type:       5       (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
Collected on: D	ATE: 09	0/13/17	TIME: 15:41	PM			
Location where colle	cted: K	TCHEN HAND	SINK				
Location Type:		(1 = Entry Tap;	2 = General Tap;	3 = End Tap; 4 = So	ource/Intakes; 5 = Other)		
Location Code:	K	HS	Collected By:	Doug Whit	mire		
FOR REPEAT SAMP	LE:		FOR REPLACEMENT SAMPLE:				
Previous Posit	tive 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							
450 WEST HANES MILL RD STE 300 Non-Community Private							
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated							
Telephone No. 3367769800					Free Chlorine Residual:		
EIN #: 566000372X COURIER #: 13-15-01					Total Chlorine Residual:		
	R	ESULTS			INVALID CODES		
CONTAMINANT	METHOD	PRESENT	_		<ol> <li>Confluent Growth/I</li> <li>TNTC/No Coliform</li> </ol>		
Total Coliform Fecal/E. Coli	9223B 9223B			H	3) Turbid Culture/No		
Heterotrophic P.C.				4) Over 30 Hours Old			
	(number)			5) Improper Sample or Analysis			
Repeat Samples Required					Replacement Samples Required		
Date Analysis Begun	: _0	9/14/17			Time Analysis Begun:	08:30 AM	
Date Analysis Completed: 09/15/17					Time Analysis Completed: 08:35 AM		
Laboratory Log #:						usan Beasley	
COMMENTS:	COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW						