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:	JIM'S GRIL	L			
Sample Type:					
Collected on: DAT	E: 09/18/17	TIME: 1	4:26 PM		
ocation where collected: WOMEN'S RESTROOM					
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:	WRR	Collected	By: Doug Whi	tmire	
FOR REPEAT SAMPLE	::		FOR REPLACE	EMENT SAMPLE:	
Previous Positive Location Code:			Origin	Original Sample Type:	
Positive Collection Date:			(1=Roi	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time:			Origin	al Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Up	stream; 3 = Downstr	eam)			
Mail Results To: Type of Supply:					
WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC					
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-			15.01	Free Chlorine Residual:	
LIN #. 3000003)/ ZX	500KILK #. 13-	13-01	Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT N	METHOD PRESI	ENT ABSENT	INVALID	1) Confluent Growth/No Coliform Found	
Total Coliform	9223B	X		2) TNTC/No Coliform Found3) Turbid Culture/No Coliform Found	
Fecal/E. Coli	9223B	X		4) Over 30 Hours Old	
Heterotrophic P.C.	(nı	/ml ımber)		5) Improper Sample or Analysis	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 09/19/17				Time Analysis Begun: 09:00 AM	
Date Analysis Completed: 09/20/17				Time Analysis Completed: 09:20 AM	
Laboratory Log #:				Certified By: Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW					