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 #:	02-85-479			
Name of System:	SNOW HILL U	SNOW HILL UMC		
Sample Type:	5 (1 = Routin	e; 2 = Repeat; 3 = Re	Replacement; 4 = Plan Approval; 5 = Other)	
Collected on: DATE	: 09/20/17	TIME: 09:0	O AM	
Location where collected	: MENS BATHR	ООМ		
Location Type:	(1 = Entry 1	ap; 2 = General Tap;	p; 3 = End Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	MB1	Collected By:	Blair Murray	
FOR REPEAT SAMPLE:			FOR 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 = Upst	ream; 3 = Downstream)		
Mail Results To:			Type of Supply:	
WINSTON SALE	M REGIONAL OF	FICE PWSS	☐ Community ☐ NTNC	
450 WEST HAN	ES MILL RD STE 3	00	Non-Community Private	
WINSTON SALE	EM, NC 27105		Type of Treatment: Chlorinated	
Telephone No.	3367769800		Non-Chlorinated	
•		URIER #: 13-15-0	Free Chlorine Residual:	
		OTTIET #. 10-10-0	Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT ME	ETHOD PRESENT	Γ ABSENT IN	NVALID 1) Confluent Growth/No Coliform Found	
Total Coliform9	223B	X	2) TNTC/No Coliform Found	
Fecal/E. Coli)223B	X	3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old	
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis	
	(numb	er)		
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun: 09/21/17			Time Analysis Begun: 08:20 AM	_
Date Analysis Completed: 09/22/17			Time Analysis Completed:08:55 AM	_
Laboratory Log #:			Certified By: Susan Beasley	_
COMMENTS: Spe	cial / Non-compliance (SP), System Type: T	TNC, Water Source: GW	