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 #:	37501	County: STC	DKES
Water System ID #:	02-85-479	_	
Name of System:	SNOW HILL UMC		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DAT	E: 09/20/17	TIME: 08:45 AM	_
Location where collected	ed: KITCHEN SINK		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = Er	nd Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	E01	Collected By:	Blair Murray
FOR REPEAT SAMPLE	E:	FO	R REPLACEMENT SAMPLE:
Previous Positive	e 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 = Up	stream; 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.		// /_ /_ //	Free Chlorine Residual:
EIN #: 5660003	372X COURI	ER #: 13-15-01	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT N	METHOD PRESENT	ABSENT INVALII	D 1) Confluent Growth/No Coliform Found
Total Coliform	9223B	X	2) TNTC/No Coliform Found
Fecal/E. Coli	9223B	X	3) Turbid Culture/No Coliform Found4) Over 30 Hours Old
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis
	(number)		
Repeat Samples Required			Replacement Samples Required
Date Analysis Begun:	09/21/17		Time Analysis Begun: 08:20 AM
Date Analysis Complete	ed: 09/22/17		Time Analysis Completed: 08:55 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW			