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 #:	02-99-520			
Name of System:	ame of System: BALTIMORE METHODIST CHURCH			
Sample Type:	<b>5</b> (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE:	09/21/16	TIME: 08:54 AI	M	
Location where collected:	KITCHEN SINK			
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 =	= End Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	KS1	Collected By:	D Whitmire	
FOR REPEAT SAMPLE:		F	FOR REPLACEMENT SAMPLE:	
Previous Positive L	ocation 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 = Upstr	ream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS				
			Non-Community Private	
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated				
Telephone No.   336-771-5000   Image: State of the				
EIN #: 56 600037		IER #: 13-15-01	Free Chlorine Residual:	
		IER #. 13-13-01	Total Chlorine Residual:	
	RESULTS		INVALID CODES	
	THOD PRESENT  223B  (number)	ABSENT INVA	<ul> <li>ALID</li> <li>1) Confluent Growth/No Coliform Found</li> <li>2) TNTC/No Coliform Found</li> <li>3) Turbid Culture/No Coliform Found</li> <li>4) Over 30 Hours Old</li> <li>5) Improper Sample or Analysis</li> </ul>	
Repeat Samples Req	uired		Replacement Samples Required	
Date Analysis Begun: Date Analysis Completed Laboratory Log #:	09/22/16 09/23/16		Time Analysis Begun:08:05 AMTime Analysis Completed:08:05 AMCertified By:Susan Beasley	
COMMENTS: Spec	cial / Non-compliance (SP)	, Water Source: GW	Turan Baarley	