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:   | ALAMANCE                  |  |             |  |
|--|-------------------------|---|---------------------------|--|-------------|--|
| Water System ID #:   | 02-01-635               | <u></u>   |                           |  |             |  |
| Name of System:  | YESTERDAY'S GRILL       |   |                           |  |             |  |
| ample Type:   [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) |                         |   |                           |  |             |  |
| Collected on: DATE:  | 10/06/14 TIME: 11:50 AM |   |                           |  |             |  |
| Location where collected:  | KITCHEN SINK            |   |                           |  |             |  |
| Location Type:   | (1 = Entry Tap          | ; 2 = General Tap                               | ; 3 = End Tap; 4 =        | Source/Intakes; 5 = Other)                             |             |  |
| Location Code:   | E 01                    | Collected By:                                   | Blair Mu                  | ırray  |             |  |
| FOR REPEAT SAMPLE:   |                         |   | FOR REPLACI               | EMENT SAMPLE:  |             |  |
| Previous Positive Location Code:   |                         |   | Original Sample Type:     |  |             |  |
| Positive Collection Da   |                         | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) |                           |  |             |  |
| Time:  |                         |   | Original Collection Date: |  |             |  |
| Proximity:   |                         |   |                           | Time   |             |  |
| (1 = Same; 2 = Upstream  | n; 3 = Downstream)      |   |                           |  |             |  |
| Mail Results To:   |                         |   | Type of Supply            | <i>r</i> :   |             |  |
| WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC  |                         |   |                           |  |             |  |
|  |                         |   |                           | Non-Community  | Private     |  |
| WINSTON SALEM,   | NC 27107-2241           |   | Type of Treatm            | nent: Chlorinated                                      |             |  |
| Telephone No. 336-771-5000 Non-Chlorinated   |                         |   |                           |  | ated        |  |
| EIN #: 56 6000372 >  |                         | RIER #: 13-15-0                                 | 11                        | Free Chlorine Res                                      | sidual:     |  |
|  | COOK                    | MEIN #. 13-13-0                                 | <b>,</b>                  | Total Chlorine Re                                      | sidual:     |  |
|  | RESULTS                 |   |                           | INVALID CODES  |             |  |
| CONTAMINANT METHOD PRESENT ABSENT INVALID  |                         |   |                           | 1) Confluent Growth/No Coliform Found                  |             |  |
| Total Coliform 9223B X   |                         |   |                           | 2) TNTC/No Coliform Found                              |             |  |
| Fecal/E. Coli  |                         |   |                           | Turbid Culture/No Coliform Found     Over 30 Hours Old |             |  |
| Heterotrophic P.C.   |                         | /ml   |                           | 5) Improper Sample or                                  | Analysis    |  |
| _  | (number)                |   |                           |  |             |  |
| Repeat Samples Required  |                         |   |                           | Replacement Samples Required                           |             |  |
| Date Analysis Begun: 10/07/14  |                         |   |                           | Time Analysis Begun: 09:00 AM                          |             |  |
| Date Analysis Completed: 10/08/14  |                         |   |                           | Time Analysis Complete                                 |             |  |
| Laboratory Log #:  |                         |   |                           |  | san Beasley |  |
| COMMENTS: Special  | / Non-compliance (SP    | ), System Type: T                               | NC, Water Source:         | GW Su  | ean Brasley |  |