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>501</u>	County:	STOKES	<b>i</b>			
Water System ID #:		85-484						
Name of System:	RE	D TOP CAFE						
Sample Type:	5	<b>5</b> (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: D	ATE: <u>10/</u>	10/11/16 TIME: 10:30 AM						
Location where colle	cted: WE	WELL HEAD						
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)								
Location Code:			Collected	By: <u>BI</u>	air 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 =	Upstream; 3 =	Downstream)					_	
Mail Results To: Type of Supply:								
WINSTON SALEM REGIONAL OFFICE PWSS								
450 WEST HANES MILL RD STE 300								
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated								
Telephone No. 3367715000 Non-Chlorinated								
-					Free Chlorine	Free Chlorine Residual:		
EIN #: 566000372X					Total Chlorine Residual:			
	RE	SULTS				3		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD 9223B 9223B	PRESENT	ABSENT		1) Confluent Grow 2) TNTC/No Colifo 3) Turbid Culture/N 4) Over 30 Hours ( 5) Improper Samp	orm Found No Coliform Old	Found	
Repeat Samples Required					Replacement S	Replacement Samples Required		
Date Analysis Begun: 10/12/16					Time Analysis Beg	jun:	09:25 AM	
Date Analysis Completed: 10/13/16					Time Analysis Con	npleted:	09:35 AM	
Laboratory Log #:					Certified By:	Susan B	easley	
COMMENTS: Special / Non-compliance, System Type: TNC, Water Source: GW, Sample								
	Point: W01							