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:	Randolph	
Water System ID #:	02-76-551			
Name of System:	Sawyersville Wesleyan Ch.			
Sample Type:	5 (1 = Routine;	2 = Repeat; 3 = Re	eplacement; 4 = Plan Approval; 5 = Other)	
Collected on: DATE:	10/12/15	TIME: 12:55	5 PM	
Location where collected:	Kitchen sink			
Location Type:	(1 = Entry Tap	o; 2 = General Tap;	; 3 = End Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	KS1	Collected By:	Blair Murray	
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:	
Previous Positive Lo	cation Code:		Original Sample Type:	
Positive Collection D	ate:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
Tiı	me:		Original Collection Date:	
Proximity:			 Time	
(1 = Same; 2 = Upstrea	am; 3 = Downstream)			
Mail Results To:			Type of Supply:	_
WINSTON SALEM	REGIONAL OFFI	CF PWSS	Community NTNC	
William Of Callin	11201011/12 0111	52 i iioo	Non-Community Private	
WINSTON SALEM	, NC 27107-2241		Type of Treatment: Chlorinated	
	336-771-5000		Non-Chlorinated	
EIN #: 56 6000372		RIER #: 13-15-0	Free Chlorine Residual: 0 m	ıg
	,ut		Total Chlorine Residual: 0 m	ıg,
	RESULTS		INVALID CODES	
CONTAMINANT METI	HOD PRESENT	ABSENT IN	IVALID 1) Confluent Growth/No Coliform Found	
Total Coliform 922	3B X		2) TNTC/No Coliform Found	
Fecal/E. Coli 922	3B	x	3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old	
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis	
_	(number)	_	
Repeat Samples Requir	red		Replacement Samples Required	
Date Analysis Begun: 10/13/15			Time Analysis Begun: 09:25 AM	_
Date Analysis Completed:			Time Analysis Completed: 09:25 AM	-
Laboratory Log #:			Certified By: Susan Beasley	_
COMMENTS: Specia	l/Non-compliance (SP)	, System Type: TN	NC, Water Source: GW	