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:	STOKES			
Water System ID #:	30-85-006	<u> </u>				
Name of System:	HANGING ROCK ST PK CLIMBING WALL					
Sample Type:	Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	TE: 10/13/15 TIME: 10:30 AM					
Location where collected:	n where collected: CLIMBING WALL SPIGOT					
Location Type:	(1 = Entry Tap;	2 = General Tap;	3 = End Tap; 4 = So	ource/Intakes; 5 = Other)		
Location Code:	OST	Collected By:	Blair Murr	<u>'ay</u>		
FOR REPEAT SAMPLE:			FOR REPLACEM	MENT 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	n; 3 = Downstream)					
Mail Results To:			Type of Supply:			
WINSTON SALEM REGIONAL OFFICE PWSS					ΓNC ivate	
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated						
Telephone No. 336-771-5000 Non-Chlorinated						
EIN #: 56 6000372 X	X COURIER #: 13-15-0		1	Free Chlorine Residual:		
				Total Chlorine Residual:		
RESULTS				INVALID CODES		
CONTAMINANT METHOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO		ABSENT INV	/ALID	<ol> <li>Confluent Growth/No Coliform</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform F</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	ound	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	10/14/15 10/15/15			_	09:20 AM 09:35 AM aslev	
, ,	Non-compliance (SP)	, System Type: TN	IC, Water Source: G	San B		