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 #: Water System ID #:	<u>3 7 5 0 1</u> 02-85-52	_	STOKES		
Name of System:	DAN RIV	DAN RIVER RESTAURANT			
Sample Type:	e: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	TE: 10/13/15	TIME: 11	:15 AM		
Location where collect	ted: VEGGIE	SINK			
Location Type:	Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:	E 01	Collected B	y: Blair Murr	ау	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:					
Previous Positive Location Code:			Original	Sample Type:	
Positive Collection Date: (1=Rou				ine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:		Original	Collection Date:	
Proximity:				Time	
(1 = Same; 2 = L	Jpstream; 3 = Down	stream)			
Mail Results To: Type of Supply:					
WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC Non-Community Private					
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated					
Telephone No. 336-771-5000 Non-Chlorinated					
EIN #: 56 6000372 XX COURIER #: 13-15-01			Free Chlorine Residual:		
LIN #. 30 000	0312 AX	000MER#: 10-10	7-01	Total Chlorine Residual:	
	RESUL	TS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	9223B	ESENT ABSENT X	INVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 10/14/15				Time Analysis Begun: 09:20 AM	
Date Analysis Completed:10/15/15				Time Analysis Completed: 09:35 AM	
Laboratory Log #:		_		Certified By: Susan Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source: GW,				
1	Disinfectant Used: N/A.				