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, N.C. 27611-8047

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> 02-85-484	County:	STOKES			
Name of System:	RED TOP CAFE					
Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:	lected on: DATE: 10/18/16 TIME: 11:15 AM					
Location where collected: KITCHEN SINK / DISH WASH						
Location Type:	(1 = Entry Tap;	2 = General Tap;	3 = End Tap; 4 = S	Source/Intakes; 5 = Other)		
Location Code:	E01	Collected By:	Blair Mu	ırray		
FOR REPEAT SAMPLE:			FOR REPLACE	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	m; 3 = Downstream)					
Mail Results To:			Type of Supply	:		
WINSTON SALEM	REGIONAL OFFIC	E PWSS		Community Non-Community	NTNC Private	
WINSTON SALEM,	NC 27107-2241		Type of Treatm	ent: Chlorinated		
Telephone No. 336-771-5000 Non-Chlorinated					ed	
EIN #: 56 6000372 XX COURIER #: 13-15-01				Free Chlorine Residu		
				Total Chlorine Reside	uai: 	
	RESULTS			INVALID CODES		
CONTAMINANT METH Total Coliform 9223 Fecal/E. Coli Heterotrophic P.C.	BB	ABSENT IN X /ml	VALID	 Confluent Growth/No C TNTC/No Coliform Four Turbid Culture/No Colifo Over 30 Hours Old Improper Sample or Ana 	nd orm Found	
	(number)					
Repeat Samples Require	ed			Replacement Samples	Required	
Date Analysis Begun: 10/19/16				Time Analysis Begun:	09:15 AM	
Date Analysis Completed:	10/20/16			Time Analysis Completed:		
Laboratory Log #:				Certified By: Cinc	dy Price	
COMMENTS: Special	/ Non-compliance (SP), System Type: Th	NC, Water Source:	GW.	dy Phice	