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:	YADKIN			
Water System ID #: 02-99-560						
Name of System: FAITH FELLOWSHIP CHURCH						
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DA	ATE: <u>11/02/16</u>	TIME: 13:15 P	PM			
Location where collect	ted: MENS RR SINK					
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3	= End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:	MRS	Collected By:	Doug Whitmire			
FOR REPEAT SAMP	LE:		FOR REPLACEMENT SAMPLE:			
Previous Positi	ive Location Code:		Original Sample Type:			
Positive Collec	tion Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other	·)		
	Time:		Original Collection Date:			
Proximity:			Time			
(1 = Same; 2 = l	Jpstream; 3 = Downstream)					
Mail Results To:			Type of Supply:			
WINSTON SA	WINSTON SALEM REGIONAL OFFICE PWSS					
450 WEST HANES MILL RD STE 300						
Telephone N		Free Chlorine Residual:				
EIN #: 566000372X			Total Chlorine Residual:			
	RESULTS		INVALID CODES			
				I		
	METHOD PRESENT		ALID 1) Confluent Growth/No Coliform Fo 2) TNTC/No Coliform Found	una		
Total Coliform Fecal/E. Coli	9223B X 9223B		3) Turbid Culture/No Coliform Found	ł		
Heterotrophic P.C.		/ml	4) Over 30 Hours Old			
	(number	)	5) Improper Sample or Analysis			
Repeat Samples	Required		Replacement Samples Required			
Date Analysis Begun:	11/03/16		Time Analysis Begun:08:30	) AM		
Date Analysis Comple	eted: 11/04/16		Time Analysis Completed: 08:4	5 AM		
Laboratory Log #:			Certified By: Susan Beasle			
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW						