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

nn	NOT	WRITE	IN TH	HS SPACE	

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County:	Rockingham					
Water System ID #:	02-79-050	<u> </u>						
Name of System:	Rockingham County 158 Corr							
Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other								
Collected on: DATE: 11/05/13 TIME: 15:25 PM								
Location where collected:	Bethany Elem Sc	ny Elem School						
Location Type:	(1 = Entry Tap;	2 = General Tap	o; 3 = End Tap; 4 = S	ource/Intakes; 5 = 0	Other)			
Location Code:		Collected By:	J Brya	<u>n</u>				
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:				
Previous Positive Loc	ation Code:	Original Sample Type:						
Positive Collection Da		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) Original Collection Date:						
Tin								
Proximity:			Ū	Time:		_		
(1 = Same; 2 = Upstrear	m; 3 = Downstream)					_		
Mail Results To: WINSTON SALEM	REGIONAL OFFIC	E PWSS	Type of Supply:	Community Non-Commu	=	NTNC Private		
WINSTON SALEM,	NC 27107-2241		Type of Treatme	ent: Chlo	rinated			
	336-771-5000		<b>7</b> 1, 1	=	-Chlorinated			
EIN #: 56 6000372		IER #: 13-15-	01		rine Residual orine Residual			
	RESULTS			INVALID COD	ES			
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.		ABSENT II X/ml	NVALID	1) Confluent Gr 2) TNTC/No Co 3) Turbid Cultur 4) Over 30 Hou 5) Improper Sai	liform Found e/No Coliform rs Old	n Found		
Repeat Samples Require	ed	Replacement Samples Required						
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	11/06/13 11/07/13	2D 0 : =	owo ::: : -	Time Analysis E Time Analysis C Certified By:	Completed: Susan E			
COMMENTS: Special	/ Non-compliance (S	SP), System Ty	rpe: CVVS,Water Sc	ource:	Tuesa	adding.		
Sur, Di	sinfectant Used: Chlo	oramines.						