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 #:	02-99-450				
Name of System:	YADKIN COUN	YADKIN COUNTRY CLUB			
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE	11/13/17	TIME: 11:1	6 AM		
Location where collected	: WH1				
Location Type:	(1 = Entry Ta	ap; 2 = General Tap	o; 3 = End Tap; 4 = S	Source/Intakes; 5 = Other)	
Location Code:	WH1	Collected By	Doug Wh	<u>itmire</u>	
FOR REPEAT SAMPLE:			FOR REPLAC	EMENT SAMPLE:	
Previous Positive Location Code:			Origir	Original Sample Type:	
Positive Collection Date:			(1=Ro	outine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time:			Origir	nal Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Upst	ream; 3 = Downstream)				
Mail Results To: Type of Supply:					
WINSTON SALEM REGIONAL OFFICE PWSS					
450 WEST HANES MILL RD STE 300 Non-Community Private					
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated					
Telephone No. 3367769800 Non-Chlorinated					
EIN #: 566000372X COURIER #: 13-1			04	Free Chlorine Residual:	
EIN #. 50000037	27 000	JRIER #. 13-15-	01	Total Chlorine Residual:	
	RESULTS			INVALID CODES	
Total Coliform 9	PRESENT 223B	ABSENT I	NVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> </ol>	
	(numbe	er)		5) Improper Sample or Analysis	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 11/14/17				Time Analysis Begun: 09:30 AM	
Date Analysis Completed Laboratory Log #:	l: <u>11/15/17</u>			Time Analysis Completed: 10:33 AM Certified By: Susan Beasley	
Laboratory Log #.					
COMMENTS: Spe	cial / Non-compliance (S	SP)		Trean Brasley	