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:	WATAUG	<u>A</u>			
Water System ID #:	30-95-004						
Name of System:	BLUE RIDGE	BLUE RIDGE ESTATES					
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
Collected on: DATE:	lected on: DATE: 11/16/17 TIME: 15:20 PM						
Location where collected:	213 RIDGE TO	)P DR					
Location Type:	(1 = Entry	Tap; 2 = General	Tap; 3 = End Ta	p; 4 = Source/Intakes; 5 = Other)			
Location Code:	213	Collected	By: <b>W</b>	/alker Keel			
FOR REPEAT SAMPLE:			FOR RE	PLACEMENT SAMPLE:			
Previous Positive Location Code:				Original Sample Type:			
Positive Collection	Date:	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			oval; 4=Other)		
	Time:			Original Collection Date:			
Proximity:	<del>-</del>			Time			
(1 = Same; 2 = Upstr	eam; 3 = Downstrean	1)					
Mail Results To:			Type of	Supply:			
WINSTON SALE	M REGIONAL OF	FICE PWSS	,,	X Community	□ NTNC		
	ES MILL RD STE			Non-Community	Private		
		)UU	<b>T</b> (:		_		
WINSTON SALE			Type of	Treatment:	tod		
Telephone No.	3367769800			Free Chlorine Resi			
EIN #: 56600037	2X CO	URIER #: 13-	15-01	Total Chlorine Resi			
	RESULTS			INVALID CODES			
CONTAMINANT ME	THOD PRESEN	T ABSENT	INVALID	1) Confluent Growth/No			
Total Coliform Co	lisure	X		<ol> <li>TNTC/No Coliform Formalist</li> <li>Turbid Culture/No Colimalist</li> </ol>			
recal/E. Coll Collsure (4) Over				4) Over 30 Hours Old	iioiiii Fouria		
Heterotrophic P.C.	(numb	/ml		5) Improper Sample or A	nalysis		
_		<i>i</i> ei <i>)</i>					
Repeat Samples Required				Replacement Sample	Replacement Samples Required		
Date Analysis Begun: 11/17/17				Time Analysis Begun:	Time Analysis Begun: 09:12 AM		
Date Analysis Completed:11/18/17				Time Analysis Completed	Time Analysis Completed: 12:30 PM		
Laboratory Log #:				Certified By: Susa	an Beasley		
COMMENTS: Spec	ial / Non-compliance (SP), Water Source: GW, Disinfectant Used:			ctant Used:	anBaaley		
Нурс	Hypochlorite solution						