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:	SURRY	
Water System ID #:	02-86-623	_		
Name of System: JESSUP GRO		BAPTIST CH	UCH	
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	11/21/16	TIME: 10	:26 AM	
Location where collected:	KITCHEN SINK			
Location Type:	(1 = Entry Tap;	2 = General Ta	ap; 3 = End Tap; 4 = \$	Source/Intakes; 5 = Other)
Location Code:	KS1	Collected B	by: Doug Wh	itmire
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:				EMENT SAMPLE:
Previous Positive Location Code:			Origi	nal Sample Type:
Positive Collection Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:			Original Collection Date:	
Proximity:				Time
(1 = Same; 2 = Upstream	n; 3 = Downstream)			
Mail Results To: Type of Supply:				
WINSTON SALEM REGIONAL OFFICE PWSS				Community NTNC
450 WEST HANES MILL RD STE 300 Non-Community Private				
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated				
			Non-Chlorinated	
Telephone No. 3367769800			Free Chlorine Residual:	
EIN #: 566000372X			Total Chlorine Residual:	
	RESULTS			INVALID CODES
CONTAMINANT METH	OD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coliform Found
Total Coliform 9223		X		2) TNTC/No Coliform Found
Fecal/E. Coli				3) Turbid Culture/No Coliform Found
Heterotrophic P.C.		/ml		4) Over 30 Hours Old 5) Improper Sample or Analysis
	(number)			5) Improper Sample or Analysis
Repeat Samples Required				Replacement Samples Required
Date Analysis Begun: 11/22/16				Time Analysis Begun: 09:00 AM
Date Analysis Completed: 11/23/16				Time Analysis Completed: 09:00 AM
Laboratory Log #:				Certified By: Cindy Price
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW.				