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 #:	37501	County: ROCK	INGHAM
Water System ID #:	30-79-004		
Aame of System: DEEP SPRINGS COUNTRY CLUB #2			
Sample Type:	<b>5</b> (1 = Routine; 2	= Repeat; 3 = Replace	ment; 4 = Plan Approval; 5 = Other)
Collected on: DATE	11/29/17	TIME: 12:22 PM	_
Location where collected	MEN'S RR		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = Ei	nd Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	MR1	Collected By:	Doug Whitmire
FOR REPEAT SAMPLE		FOI	R REPLACEMENT SAMPLE:
Previous Positive	Location Code:		Original Sample Type:
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = Ups	tream; 3 = Downstream)		
Mail Results To: Type of Supply:			
WINSTON SALI	EM REGIONAL OFFIC	E PWSS	
450 WEST HAN	ES MILL RD STE 300		Non-Community Private
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated			
Telephone No. 3367769800 Image: State of the st			
-			Free Chlorine Residual:
EIN #: 5660003		IER #: 13-15-01	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT M	ETHOD PRESENT	ABSENT INVALII	D 1) Confluent Growth/No Coliform Found
Total Coliform	9223B	X 🗌	2) TNTC/No Coliform Found
	9223B	x	<ul><li>3) Turbid Culture/No Coliform Found</li><li>4) Over 30 Hours Old</li></ul>
Heterotrophic P.C.	(number)	/ml	5) Improper Sample or Analysis
_	(number)		_
Repeat Samples Required Replacement Samples Required			
Date Analysis Begun:	11/30/17		Time Analysis Begun: 08:15 AM
Date Analysis Complete	d: <u>12/01/17</u>		Time Analysis Completed: 08:35 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW			