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

Water System ID #: 30-17-042	Laboratory ID #:	<u>37501</u>	County:	CASWELL			
Sample Type:	Water System ID #:	30-17-042	_				
Collected on: DATE: 12/07/16 TIME: 12:00 PM Location where collected: BREAKROOM LOUNGE Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other) Location Code: 001 Collected By: Shawn Fox FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE: Previous Positive Location Code: Original Sample Type: (1 = Routine; 2 = Repeat, 3 = Plan Approval; 4 = Other) Time: Original Collection Date: (1 = Routine; 2 = Repeat, 3 = Plan Approval; 4 = Other) Time: Original Collection Date: Time (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: Type of Supply: WINSTON SALEM REGIONAL OFFICE PWSS Community NTNC Non-Community Private WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorine Residual: D.04 mg Total Chlorine Residual: D.04 mg Total Chlorine Residual: D.04 mg Total Chlorine Pound Colliform Found Colliform Fo	Name of System:	CASWELL COUNTY - HWY 86					
Location where collected: BREAKROM LOUNGE Location Type:	Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Location Type:	Collected on: DATE:	12/07/16	TIME: 12:00	PM_			
Collected By: Shawn Fox	Location where collected:	e collected: BREAKROOM LOUNGE					
FOR REPEAT SAMPLE: Previous Positive Location Code: Positive Collection Date: Time: Original Collection Date: (1 = Routine; 2 = Repeat; 3 = Plan Approval; 4 = Other) Time: Original Collection Date: Time: Original Collection Date: Time Time Time Time Time Type of Supply: WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 WINSTON SALEM, NC 27105 Telephone No. 3367769800 EIN #: 566000372X RESULTS RESULTS Total Chlorine Residual: Total Coliform 9223B RESULTS INVALID 1) Confluent Growth/No Coliform Found 4) Over 30 Hours Old Free Chlorine Residual: 10.04 mg Total Coliform 9223B RESULTS RESULTS RESULTS RESULTS RESULTS RESULTS RESULTS RESULTS RESULTS INVALID 1) Confluent Growth/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Repeat Samples Required Date Analysis Begun: 12/08/16 Time Analysis Begun: 12/08/16 Time Analysis Completed: 12/09/16	Location Type:	(1 = Entry Tap;	2 = General Tap;	3 = End Tap; 4 = So	ource/Intakes; 5 = Other)		
Previous Positive Location Code:	Location Code:	001	Collected By:	Shawn F	ox		
Positive Collection Date: Time:	FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:		
Time: Original Collection Date: Time Proximity:	Previous Positive Location Code:			Original Sample Type:			
Proximity:	Positive Collection Date:			(1=Rou	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Mail Results To: WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 WINSTON SALEM, NC 27105 Type of Treatment: Total Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Coliform 9223B Total Coliform 9223B Meterotrophic P.C. Minumber) Repeat Samples Required Time Analysis Begun: Date Analysis Completed: 12/09/16 Time Analysis Completed: 12/09/16 Certified By: Susan Beasley	Time	 e:		Origina	al Collection Date:		
Mail Results To: WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 WINSTON SALEM, NC 27105 Telephone No. 3367769800 EIN #: 566000372X Telephone No. 3367769800 Free Chlorinated Free Chlorine Residual: Non-Chlorinated Non-Chlorinated Free Chlorine Residual: Non-Chlorinated Free Chlorine Residual: Non-Chlorinated Free Chlorine Residual: Non-Chlorinated Free Chlorine Residual: Non-Chlorinated Free Chlorine Residual: Non-Chlorinated Free Chlorine Residual: Non-Chlorinated Free Chlorine Residual: Non-Chlorine Residual: Non-Chlorine Residual: Non-Chlorine Residual: Non-Chlorine Residual: Non-Chlorine Residual: Non-Chlorine Res	Proximity:				Time		
WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 WINSTON SALEM, NC 27105 Telephone No. 3367769800 EIN #: 566000372X Telephone No. 3367769800 Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Coliform 9223B Total Coliform 9223B Total Coliform 9223B Total Coliform 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Cultrue/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Repeat Samples Required Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16	(1 = Same; 2 = Upstream	; 3 = Downstream)					
### A50 WEST HANES MILL RD STE 300 WINSTON SALEM, NC 27105 Telephone No. 3367769800 EIN #: 566000372X **RESULTS** RESULTS** Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorine Residual: O.04 mg Total Chlorine Residual: O.04 mg	Mail Results To:			Type of Supply:			
### A50 WEST HANES MILL RD STE 300 WINSTON SALEM, NC 27105 Telephone No. 3367769800 EIN #: 566000372X **RESULTS** RESULTS** Non-Chlorinated Non-Chlorinated Non-Chlorinated Non-Chlorine Residual: O.04 mg Total Chlorine Residual: O.04 mg	WINSTON SALEM R	REGIONAL OFFIC	E PWSS		Community X	NTNC	
WINSTON SALEM, NC 27105 Telephone No. 3367769800 EIN #: 566000372X RESULTS RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16 Laboratory Log #: Type of Treatment: X Chlorinated Non-Chlorinated Non-Chlorin		= ' =					
Telephone No. 3367769800 EIN #: 566000372X RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16 Laboratory Log #: CONTAMINANT METHOD PRESENT ABSENT INVALID INVALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Replacement Samples Required Time Analysis Begun: 08:40 AM Time Analysis Completed: 09:25 AM Certified By: Susan Beasley							
RESULTS RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16 Laboratory Log #: Pree Chlorine Residual: 0.04 mg Total Coliform Fesidual: 10.04 mg Total Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Replacement Samples Required Time Analysis Begun: 08:40 AM Time Analysis Completed: 09:25 AM Certified By: Susan Beasley	New Chloriested						
RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16 Laboratory Log #: Total Chlorine Residual: INVALID CODES 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Time Analysis Begun: 08:40 AM Time Analysis Completed: 09:25 AM Certified By: Susan Beasley	Free Chlorine Residual: 0.04 r						
CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: Date Ana	EIN #: 566000372X						
CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: Date Ana		RESULTS			INVALID CODES		
Total Coliform Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: D							
Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: Date Analysis Co			_	IVALID	,		
Heterotrophic P.C/ml		<u> </u>	씀	H	•		
(number) Repeat Samples Required Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16 Laboratory Log #: Certified By: Susan Beasley		⊔	∟ /ml		,		
Date Analysis Begun: 12/08/16 Date Analysis Completed: 12/09/16 Laboratory Log #: Certified By: Susan Beasley		(number)			5) Improper Sample or Anal	ysis	
Date Analysis Completed: 12/09/16 Laboratory Log #: Time Analysis Completed: 09:25 AM Certified By: Susan Beasley	Repeat Samples Required	d			Replacement Samples F	Required	
Laboratory Log #: Certified By: Susan Beasley	Date Analysis Begun: 12/08/16				Time Analysis Begun:	08:40 AM	
· · · —	Date Analysis Completed: 12/09/16				Time Analysis Completed:	09:25 AM	
COMMENTS: Special / Non-compliance (SP), Water Source: SWP	Laboratory Log #:				· -		
	COMMENTS: Special /	Non-compliance (SP)	, Water Source: §	SWP	Tuesan	Beasley	