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:	GUILFORD			
Water System ID #:	02-41-139					
Name of System:	ROCK CREEK MI	K MH VILLAGE				
ample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:	12/13/17	TIME: 10:1	5 AM			
Location where collected:	OFFICE SINK					
Location Type:	(1 = Entry Tap;	2 = General Tap	; 3 = End Tap; 4 = 9	Source/Intakes; 5 = Other)		
Location Code:	002	Collected By:	Mike Pa	inter		
FOR REPEAT SAMPLE:			FOR REPLAC	EMENT 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 = Upstream	m; 3 = Downstream)					
Mail Results To: Type of Supp				<i>/</i> :		
WINSTON SALEM REGIONAL OFFICE PWSS				Community	NTNC	
450 WEST HANES	MILL RD STE 300			Non-Community	Private	
WINSTON SALEM,	NC 27105		Type of Treatm	nent: X Chlorinated		
	3367769800		<b>31</b>	Non-Chlorinate	d	
EIN #: 566000372X	COUR	IER #: 13-15-0	)1	Free Chlorine Reside		
RESULTS				INVALID CODES		
CONTAMINANT METH Total Coliform 9223 Fecal/E. Coli 9223 Heterotrophic P.C.	вв 🔲	ABSENT IN X X/ml	NVALID	<ol> <li>Confluent Growth/No C</li> <li>TNTC/No Coliform Four</li> <li>Turbid Culture/No Colifo</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Ana</li> </ol>	nd orm Found	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:  COMMENTS: Special	12/14/17 12/15/17 / Non-compliance (SP)	), Water Source: (	GW		10:35 AM 10:40 AM 1 Beasley	