A CONTRACT OF CONTRACT	North Carolina State Environ M		MSC 1918 Raleigh, NC 27699-1918   http://slph.ncpublichealth.com Phone: 919-733-7308   Fax: 919-715-8611 Fax: 919-715-8611			
	Certifi	cate of Analy	/sis		FI	NAL REPORT
Report to: Seth Titley WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 Winston Salem, NC 27105			Name of System: Holy Cross Methodist Baptist Chur 344 York Rd Mount Airy, NC 27030			
StarLiMS ID: ES200716-0058	Date Collected: Date Received:	07/15/2020 07/16/2020	Time Collected: Time Received:	12:17 08:37	By: By:	Seth Titley Angela Heybroek
Water System ID: 02-86-627 Facility ID:	System Type:	NTNC	Water Source: Sample Type:	Ground Special		ompliance
Sample Location: Men's bath Disinfectant Used:	Location Type: Free Chlorine:		Location Code: Total Chlorine:	MB1		
Comments:						
PWS - Colilert Profile					М	ethod: SM 9223B
Analyte	Test Result	Unit	Conclusion		Date Tested	
Total Coliform E. coli	Present Absent					7/16/2020 7/16/2020

**Report Date:** 

STAT

07/17/2020

Reported By: **KPLEMMONS** 

## **Explanations of Coliform Analysis:**

If coliform bacteria are Absent, the water is considered safe for drinking purpose. If coliform bacteria are Present, the water is considered unsafe for drinking purpose. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

4312 District Drive