Microbiology Certificate of Anal Report to: Easton Rains WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 Winston Salem, NC 27105				Phone: 919-733-7308 Fax: 919-715-8611 FINAL REPORT Name of System: Little Kitchen 3501 Buck Shoals Rd Union Grove, NC			
EIN: 566000372X		Delivery: NC Courier					Yadkin Coun
StarLiMS ID: ES 2	240822-0035	Date Collected: Date Received:	08/21/2024 08/22/2024	Time Collected: Time Received:	11:05 07:57	By: By:	Easton Rains Julie Schiavone
Vater System ID: Facility ID:	02-99-486 D01	System Type:	NTNC	Water Source: Sample Type:	Ground Special		ompliance
Sample Location: Disinfectant Used:	kitchen sink	Location Type: Free Chlorine:		Location Code: Total Chlorine:	KS1 0.0 mg/	L	
Comments:	No disinfectant u	sed					
PWS - Colilert Pro	ofile					М	ethod: SM 9223B
Analyte		Test Result Unit		Conclusion	Date Tested		
Total Coliform E. coli					08/22/2024 08/22/2024		

North Carolina State Laboratory of Public Health

Report Date:

08/23/2024

Reported By: **DNEWBORN**

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.

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