AND COMPANY OF THE PARTY OF THE	North Carolina State		ublic Health		MSC 1918 Raleigh, NC 27699-1918 http://slph.ncpublichealth.com Phone: 919-733-7308 Fax: 919-715-8611 FINAL REPORT		
and the second sec	M Certifi	sis					
Report to: Easton Rains	ort to: Easton Rains			Name of System:			
WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 Winston Salem, NC 27105			State Road Food Mart 1930 US 21 State Road, NC 28676				
EIN: 566000372X	Delivery: NC	Courier				Surry Count	
StarLiMS ID: ES241107-0045	Date Collected: Date Received:	11/06/2024 11/07/2024	Time Collected: Time Received:	09:30 08:07	By: By:	Easton Rains DeMonta Newborn	
Water System ID: 02-86-574 Facility ID:	System Type:	NTNC	Water Source: Sample Type:	Ground Water Special/Non-Compliance			
Sample Location: Kitchen sinl Disinfectant Used:	Location Type:Free Chlorine:		Location Code: Total Chlorine:	0.0 mg/	′L		
Comments:							
PWS - Colilert Profile				Method: SM 9223B			
Analyte	Test Result	Test Result Unit		Date Tested			
Total Coliform E. coli	Absent Absent			11/07/2024 11/07/2024			

Report Date:

11/10/2024

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.

4312 District Drive MSC 1918