A DE COMMUNICAN	Μ	nmental Scier icrobiology cate of Analy			Pho Fax	://slph.ncpublichealth.com one: 919-733-7308 :: 919-715-8611 IAL REPORT
Report to: Doug Whitmire WINSTON SALEM REGIONAL OFFICE PWSS 450 WEST HANES MILL RD STE 300 Winston Salem, NC 27105			Name of System: Hidden Lake Campground			
EIN: 566000372X	Delivery: NC	Courier				Alamance County
StarLiMS ID: ES250625-0053	Date Collected: Date Received:	06/24/2025 06/25/2025	Time Collected: Time Received:	11:47 07:48	By: By:	Doug Whitmire DeMonta Newborn
Water System ID: 02-01-187 Facility ID:	System Type:	NTNC	Water Source: Sample Type:	Ground V Special/N		ompliance
Sample Location: Men's RR Disinfectant Used:	Location Type: Free Chlorine:		Location Code: Total Chlorine:	MR1 0.0 mg/L		
Comments:						
PWS - Colilert Profile					Me	ethod: SM 9223B
Analyte	Test Result	Unit	Conclusion		Da	te Tested
Total Coliform E. coli	Absent Absent					5/25/2025 5/25/2025

Reported By:

KKURTZ

North Carolina State Laboratory of Public Health

Explanations of Coliform Analysis:

06/26/2025

Report Date:

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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