

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Stokes  
Water System ID #: 02-85-424  
Name of System: Rock Hill Bapt Ch  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 01/27/14 TIME: 10:15 AM  
Location where collected: Outside tap  
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: OST Collected By: Blair Murray

**FOR REPEAT SAMPLE:**

**FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

**WINSTON SALEM REGIONAL OFFICE PWSS**

**WINSTON SALEM, NC 27107-2241**

**Telephone No. 336-771-5000**

**EIN #: 56 6000372 XX COURIER #: 13-15-01**

Type of Supply:

Community  NTNC  
 Non-Community  Private

Type of Treatment:

Chlorinated  
 Non-Chlorinated  
Free Chlorine Residual: 0.01 mg/l  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>COLISURE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>COLISURE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____	_____ /ml	

(number)

**INVALID CODES**

- 1) Confluent Growth/No Coliform Found
- 2) TNTC/No Coliform Found
- 3) Turbid Culture/No Coliform Found
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 01/28/14  
Date Analysis Completed: 01/29/14  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 08:55 AM  
Time Analysis Completed: 09:40 AM  
Certified By: Susan Beasley

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

