

N.C. Department of Environmental, Health, and Natural Resources  
Division of Laboratory Services  
State Laboratory of Public Health  
P.O.Box 28047 - 4312 District Drive  
Raleigh, NC 27611-8047  
919-733-7308

DO NOT WRITE IN THIS SPACE

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: CASWELL  
Water System ID #: 02-17-410  
Name of System: SE7EN, LLC  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 12/13/17 TIME: 10:38 AM  
Location where collected: LADIES ROOM - OFFICE AREA - HAND SINK  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: 007 Collected By: Shawn Fox

#### FOR REPEAT SAMPLE:

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

#### FOR REPLACEMENT SAMPLE:

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

#### Mail Results To:

**WINSTON SALEM REGIONAL OFFICE PWSS**  
**450 WEST HANES MILL RD STE 300**  
**WINSTON SALEM, NC 27105**  
**Telephone No. 3367769800**  
**EIN #: 566000372X COURIER #: 13-15-01**

#### Type of Supply:

Community  NTNC  
 Non-Community  Private

#### Type of Treatment:

Chlorinated  
 Non-Chlorinated

Free Chlorine Residual: 0.81 mg/l  
Total Chlorine Residual: \_\_\_\_\_

#### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</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: 12/14/17  
Date Analysis Completed: 12/15/17  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 10:35 AM  
Time Analysis Completed: 10:40 AM  
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), Water Source: GW. Disinfectant Used: Sodium Hypochlorite

