N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory 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 #:	<u>37501</u>	County:	ROBESON
Water System ID #:	03-78-040	_	
Name of System: TOWN OF ROWLAND			
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DA	TE: 01/12/15	TIME: 11:00) AM
Location where collect	ed: 309 CANAL ST R	OWLAND	
Location Type:	(1 = Entry Tap;	2 = General Tap;	; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:		Collected By:	Winston Cole
FOR REPEAT SAMPL	.E:		FOR REPLACEMENT SAMPLE:
Previous Positiv	ve Location Code:		Original Sample Type:
Positive Collect	ion Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = U	pstream; 3 = Downstream)		
Mail Results To: Type of Supply:			
FAYETTEVILLE REGIONAL OFFICE PWSS			
225 GREEN STREET			
FAYETTEVILLE, NC Type of Treatment: Chlorinated			
Telephone No			Eree Chlorine Residual
EIN #: 562033	116M COUR	IER #: 14-56-4	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT Total Coliform _ Fecal/E. Coli _ Heterotrophic P.C	METHOD PRESENT Colisure (number)	ABSENT IN	IVALID 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:	01/13/15		Time Analysis Begun: 09:15 AM
Date Analysis Comple	ted: 01/14/15		Time Analysis Completed: 10:45 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS:	Special / Non-compliance, Sys	tem Type: C	Turan Baaley