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 #: Water System ID #: Name of System:		<u>37501</u> 03-63-124	County: _	MOORE				
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)								
	DATE:	01/12/16	TIME: 14	:35 PM				
Location where colle	ected:							
Location Type:		(1 = Entry Tap;		ap; 3 = End Tap; 4 = S)ther)		
Location Code:			Collected B	By: Diane Will	iams			
FOR REPEAT SAM	PLE:			FOR REPLACE	MENT SAMPLE:			
Previous Pos	itive Locat	ion Code:		Original Sample Type:				
Positive Collection Date:				(1=Rou	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time:				Origina	Original Collection Date:			
Proximity:					Time		_	
(1 = Same; 2 =	Upstream;	3 = Downstream)					_	
Mail Results To:				Type of Supply:				
FAYETTEVI	LLE REG		PWSS		Community		ITNC	
					Non-Commur	=	Private	
				Type of Treatme		Chlorinated		
Telephone No.						ine Residual:	0 mg/l	
EIN #: 562033116M COUR			IER #: 14-56	6-48		rine Residual:		
RESULTS					INVALID COD	23		
CONTAMINANT	ONTAMINANT METHOD PRESENT ABSENT INVALID					1) Confluent Growth/No Coliform Found		
Total Coliform 9223B					2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found			
Fecal/E. Coli					4) Over 30 Hours Old			
Heterotrophic P.C.		(number)	/ml		5) Improper San	nple or Analys	sis	
Repeat Samples Required					Replacement Samples Required			
Date Analysis Begun:01/13/16					Time Analysis Begun: 08:45 AM			
Date Analysis Completed: 01/14/16					Time Analysis Completed: 09:35 AM			
Laboratory Log #:	_				Certified By:	Susan B	easley	
COMMENTS:	Special / N	cial / Non-compliance (SP), System Type: Com, Water Source: GW,						
	Disinfecta	Disinfectant Used: N/A						