

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Cumberland**
Water System ID #: **50-26-017**
Name of System: **St Jude Bapt**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **01/13/10** TIME: **17:30 PM**
Location where collected: **Well head tap**
Location Type: **4** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: **Carlton Smith**

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:

**FAYETTEVILLE REGIONAL OFFICE PWSS
225 GREEN STREET
FAYETTEVILLE, 28301-5043**

Telephone No. 910-433-3000

Type of Supply:

☐ Community ☐ NTNC
☒ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated
☒ Non-Chlorinated
Free Chlorine Residual: 0.0 mg/l
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	312	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml (number)		

☐ Repeat Samples Required

Date Analysis Begun: **01/14/10**
Date Analysis Completed: **01/15/10**
Laboratory Log #: **12848**

COMMENTS: _____

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

☐ Replacement Samples Required

Time Analysis Begun: **07:54 AM**
Time Analysis Completed: **11:00 AM**
Certified By: **Susan Beasley**

