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**

	37 501 County	y: MONTGOMERY
Water System ID #:	00-00-000	
Name of System:	MONTGOMERY COUNTY	
Sample Type:		t; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	01/26/16 TIME:	11:40 AM
Location where collected:	204 W INGRAM (KITCHEN	
Location Type:	5 (1 = Entry Tap; 2 = Gene	eral Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	Collect	ted By: T Overby
FOR REPEAT SAMPLE:		FOR REPLACEMENT SAMPLE:
Previous Positive Loc	cation Code:	Original Sample Type:
Positive Collection Da	ate:	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Tir	me:	Original Collection Date:
Proximity:		Time
(1 = Same; 2 = Upstrea	m; 3 = Downstream)	
Mail Results To:		Type of Supply:
FAYETTEVILLE RE	EGIONAL OFFICE PWSS	X Community NTNC
225 GREEN ST ST	ΓE 714	☐ Non-Community ☐ Private
FAYETTEVILLE, N	C 28301	Type of Treatment: X Chlorinated
Telephone No.		Non-Chlorinated
EIN #: 562033116N	COURIER #: 1	Free Chlorine Residual: 1.5 mg.  Total Chlorine Residual:
	RESULTS	INVALID CODES
CONTAMINANT METH Total Coliform 9223 Fecal/E. Coli Heterotrophic P.C.		T INVALID  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 Require	ed	Replacement Samples Required