N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

nn	NOT	WRITE	IN TH	HS SPACE	

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County:	Moore			
Water System ID #:	03-63-015					
Name of System:	Robbins WS					
Sample Type:   [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE: 01/28/10 TIME: 13:21 PM						
Location where collect	ted: Kitchen sink @ 1	156 Rushwoo	d Dr			
Location Type:	2 (1 = Entry Tap	); 2 = General T	ap; 3 = End Ta	p; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected B	y: Kei	th Puckett		
FOR REPEAT SAMPI	.E:		FOR REF	PLACEMENT SAMPLE:		
Previous Positi	ve Location Code:	Code: Original Sample Type:				
Positive Collect	ion Date:	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
	Time:			Original Collection Date:		
Proximity:				 Time:		
· —	pstream; 3 = Downstream)			<del></del>		
Mail Results To:			Type of S	supply:		
225 GREEN S	LE, 28301-5043	PWSS	Type of T	X Community NTNC Non-Community Private  reatment: X Chlorinated Non-Chlorinated Free Chlorine Residual: 0.10 mg/		
	RESULTS			INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT	ABSENT	INVALID  X	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>		
Repeat Samples F	Required			Replacement Samples Required		
Date Analysis Begun:			Time Analysis Begun: 07:43 AM			
Date Analysis Comple	01/29/10 eted: 01/29/10			Time Analysis Completed: 07:43 AM		
Laboratory Log #:	13435			Certified By: Susan Beasley		
COMMENTS:	Rec'd. on Friday. Water ba	cteriological s	amples must t	ne collected on TreanBasley		
<u>1</u>	Monday, Tuesday, or Wed	nesday with re	ceipt no later	than Thursday.		