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 #:	37501 03-78-040	County:	ROBESON			
Water System ID #:						
	Name of System:  TOWN OF ROWLAND  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Sample Type:	<u> </u>	·	·	n Approval; 5 = Other)		
Collected on: DATE:	02/04/15 TIME: 13:20 PM					
Location where collected:	801 E MAIN / KITCHEN SINK					
Location Type:	(1 = Entry Tap;			ource/Intakes; 5 = Other)		
Location Code:		Collected By	: Winston (	Cole		
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:		
Previous Positive Location Code:			Original Sample Type:			
Positive Collection Date:			(1=Rou	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time: Ori			Origina	nal Collection Date:		
Proximity:				Time		
(1 = Same; 2 = Upstream;	3 = Downstream)					
Mail Results To:			Type of Supply:			
FAYETTEVILLE REGIONAL OFFICE PWSS Community NTN					NTNC	
225 GREEN STREET				Non-Community	Private	
FAYETTEVILLE, NC			Type of Treatme	ent: X Chlorinated		
	104904404		Type of Treatme	ent: X Chlorinated  Non-Chlorinated		
<b>-</b>	104861191			Free Chlorine Residua	al: 0.7 mg/	
EIN #: 562033116M	COUR	IER #: 14-56-	48	Total Chlorine Residua		
RESULTS				INVALID CODES		
CONTAMINANT METHO Total Coliform 9223E Fecal/E. Coli Heterotrophic P.C.		ABSENT I	NVALID	<ol> <li>Confluent Growth/No Col</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Anal</li> </ol>	l m Found	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:  Date Analysis Completed:  Laboratory Log #:  COMMENTS: Special/N	02/05/15 02/06/15 on-compliance (SP),	System Type:(	C, Water Source: GW		08:00 AM 08:15 AM Beasley	