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

FAYETTEVILLE, NC 28301 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: Date Susan Beasle	•		<u>37501</u>	County:	CUMBERLAND		
Sample Type:			03-26-428				
Collected on: DATE: 02/06/17 TIME: 13:45 PM Location where collected: OUTSIDE TAP Location Type:			MACEDONIA BAPTIST CHURCH				
Location where collected: OUTSIDE TAP Location Type:	Sample Type:		(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Location Type:	Collected on: D	ATE:	02/06/17	TIME:13	3:45 PM		
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:	Location where colle	cted:	OUTSIDE TAP				
FOR REPEAT SAMPLE: Previous Positive Location Code: Positive Collection Date: Time: Original Collection Date: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other Original Collection Date: Time: Original Collection Date: Time Analysis Begun: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Time Analysis Completed: Original Collection Date: Original Collection Date: Original Collection Date:	Location Type:		(1 = Entry Tap;	2 = General T	ap; 3 = End Tap; 4 = S	Source/Intakes; 5 = Other)	
Previous Positive Location Code: Positive Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time	Location Code:		OT1	Collected E	By: Mike Le	wis	
Positive Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Proximity: (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: FAYETTEVILLE REGIONAL OFFICE PWSS 225 GREEN ST STE 714 FAYETTEVILLE, NC 28301 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Total Chlorine Residual: Total Coliform 9223B RESULTS INVALID 1) Confluent Growth/No Coliform Found (number) Total Coliform 9223B (number) Repeat Samples Required Date Analysis Begun: 02/07/17 Date Analysis Completed: 10:14 10:16 11 11 12 13 14-26 15 16 16 17 17 17 18 18 18 18 18 18 18	FOR REPEAT SAMP	PLE:			FOR REPLACE	EMENT SAMPLE:	
Time:	Previous Posit	tive Locati	on Code:	Original Sample Type:			
Proximity:	Positive Collec	ction Date	:		(1=Ro	utine; 2=Repeat; 3=Plan Approval; 4=Other)	
Mail Results To: Type of Supply: FAYETTEVILLE REGIONAL OFFICE PWSS Community NTNC NOn-Community Private Non-Community Private Non-Chlorinated Non-Chlorinat		Time	 :		Origin	al Collection Date:	
Mail Results To: FAYETTEVILLE REGIONAL OFFICE PWSS 225 GREEN ST STE 714 FAYETTEVILLE, NC 28301 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Total Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Coliform 9223B RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old Heterotrophic P.C. Repeat Samples Required Replacement Samples Required Date Analysis Begun: 02/07/17 Date Analysis Completed: 02/08/17 Time Analysis Completed: 10:10 Certified By: Susan Beasle	Proximity:]				 Time	
FAYETTEVILLE REGIONAL OFFICE PWSS 225 GREEN ST STE 714 FAYETTEVILLE, NC 28301 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Total Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Coliform 9223B Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. (number) Repeat Samples Required Date Analysis Begun: 02/07/17 Date Analysis Completed: 02/08/17 Laboratory Log #: Community NTNC Non-Community Private X Non-Community Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual: 1 Oconfluent Growth/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: 09:4 Time Analysis Completed: 10:1 Laboratory Log #: Certified By: Susan Beasle	(1 = Same; 2 =	Upstream;	3 = Downstream)				
225 GREEN ST STE 714 FAYETTEVILLE, NC 28301 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Telephone Residual: Total Chlorinated Free Chlorine Residual: Total Coliform 9223B Total Coliform 10 Confluent Growth/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Repeat Samples Required Time Analysis Begun: 02/07/17 Date Analysis Completed: 02/08/17 Time Analysis Completed: 10:11 Certified By: Susan Beasle	Mail Results To:				Type of Supply	:	
FAYETTEVILLE, NC 28301 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Total Chlorinated Free Chlorine Residual: Total Chlorine Residual: INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Coliform Found Total Coliform 9223B X 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old Fecal/E. Coli Heterotrophic P.C. Mil	FAYETTEVIL	LE REG	IONAL OFFICE F	wss		Community NTNC	
Telephone No. EIN #: 562033116M COURIER #: 14-56-48 Free Chlorine Residual: Total Chlorine Residual: INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: Date Susan Beasle	225 GREEN	ST STE	714			X Non-Community Private	
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Repeat Samples Required Date Analysis Begun: 02/07/17 Date Analysis Completed: 02/08/17 Laboratory Log #: Certified By: Susan Beasle	Heterotrophic P.C.			/ml		•	
Date Analysis Begun: 02/07/17 Date Analysis Completed: 02/08/17 Laboratory Log #: Time Analysis Completed: 10:1 Certified By: Susan Beasle			(number)				
Date Analysis Completed: 02/08/17 Laboratory Log #: Time Analysis Completed: 10:1 Certified By: Susan Beasle	Repeat Samples	Required				Replacement Samples Required	
Laboratory Log #: Certified By: Susan Beasle	Date Analysis Begun: 02/07/17					Time Analysis Begun: 09:45	AM
	Date Analysis Compl	leted:	02/08/17			Time Analysis Completed: 10:10	AM
COMMENTS: Special / Non-compliance (SD) Water Source: CW Disinfectant Head; None	Laboratory Log #:	_				Certified By: Susan Beasley	
COMMENTS: Special / Non-compliance (SP), Water Source: GW, Disinfectant Used: None	COMMENTS:	Special / N	Non-compliance (SP)	, Water Sourc	e: GW, Disinfectant Us	sed: None Tusan Brasly	5