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 #: Water System ID #:	<u>37501</u> 50-26-028	County: CUMBERLAND		
Name of System:	NEW VISION	_		
Sample Type:       5       (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	TE: 02/07/17	TIME: 11:50 AM		
Location where collec	ted: OUTSIDE TAP			
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3 = End Tap; 4 = §	Source/Intakes; 5 = Other)	
Location Code:	<u>OT 1</u>	Collected By: Mike Le	ewis	
FOR REPEAT SAMPL	.E:	FOR REPLAC	EMENT SAMPLE:	
Previous Positiv	ve Location Code:	Origi	nal Sample Type:	
Positive Collection Date:		(1=Rc	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:	Origi	nal Collection Date:	
Proximity:			Time	
(1 = Same; 2 = U	lpstream; 3 = Downstream)			
Mail Results To: Type of Supply:				
FAYETTEVILLE REGIONAL OFFICE PWSS				
225 GREEN ST STE 714				
FAYETTEVILLE, NC 28301 Type of Treatme			nent: Chlorinated	
Telephone No		.)	Non-Chlorinated	
-		RIER #: 14-56-48	Free Chlorine Residual: 0 mg/l	
LIN #. 30203		IER #. 14-30-40	Total Chlorine Residual: 0 mg/l	
	RESULTS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B (number)	ABSENT INVALID	<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 Required			Replacement Samples Required	
Date Analysis Begun: 02/08/17			Time Analysis Begun: 09:15 AM	
Date Analysis Comple	eted: 02/09/17		Time Analysis Completed: 09:20 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS:	Special / Non-compliance (SP	), System Type: NC, Water Source: 0	GW, Strean Baasley	
[	Disinfectant Used: None			