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 #:	37501 03-82-462	County:	SAMP	SON
Name of System:	EVERGREEN MIS	SIONARY		
Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	02/18/15	TIME:1	1:15 AM	
Location where collected:	WELL TAP			
Location Type:	(1 = Entry Tap;	2 = General	Tap; 3 = End	Tap; 4 = Source/Intakes; 5 = Other)
Location Code:		Collected	By:	Carlton Smith
FOR REPEAT SAMPLE:			FOR	REPLACEMENT SAMPLE:
Previous Positive Locat	ion Code:			Original Sample Type:
Positive Collection Date			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time	: <u> </u>			Original Collection Date:
Proximity:				Time
(1 = Same; 2 = Upstream;	3 = Downstream)			
Mail Results To:			Туре	of Supply:
FAYETTEVILLE REG	SIONAL OFFICE	PWSS		☐ Community ☐ NTNC
225 GREEN STREET				Non-Community Private
FAYETTEVILLE, NC			Tyne	of Treatment:
	04861191		.,,,,	Non-Chlorinated
EIN #: 562033116M		IER #: 14-{	56-48	Free Chlorine Residual: 0 mg. Total Chlorine Residual: 0 mg.
	RESULTS			INVALID CODES
CONTAMINANT METHO Total Coliform 9223E Fecal/E. Coli Heterotrophic P.C.		ABSENT X — /ml	INVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis
Repeat Samples Required				Replacement Samples Required
Date Analysis Begun: Date Analysis Completed: Laboratory Log #: COMMENTS: Special / I	02/19/15 02/20/15 Non-compliance, Sys	tem Type TN	С	Time Analysis Begun: Time Analysis Completed: Certified By: Susan Beasley Turn Analysis Degun: 08:50 AM 09:05 AM Degun Beasley