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 #: Name of System:		37501 03-82-050	County:	SAMPSON			
		SAMPSON COUNTRY DIST I					
Sample Type:		5 (1 = Routine; 2	; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: Da	llected on: DATE: <u>02/18/15</u> TIME: <u>15:20 PM</u>						
Location where colle	cted:	1772 REEDS FORD RD					
Location Type:		(1 = Entry Tap;	; 2 = General Tap	o; 3 = End Tap; 4 = S	ource/Intakes; 5 = O	ther)	
Location Code:			Collected By:	Carlton Si	mith		
FOR REPEAT SAME	PLE:			FOR REPLACE	MENT SAMPLE:		
Previous Positive Location Code:				Original Sample Type:			
Positive Collection Date:				(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time:				Origina	Original Collection Date:		
Proximity:					Time		
(1 = Same; 2 =	Upstream;	3 = Downstream)					
Mail Results To:				Type of Supply:			
FAYETTEVII	LLE REG	SIONAL OFFICE	PWSS		X Community	NTNC	
225 GREEN STREET					Non-Communi	ity Private	
FAYETTEVILLE, NC Type of Treatment: Chlorinated						nated	
Telephone No. 9104861191 Non-Chlorinated							
EIN #: 562033116M COURIER #: 14-56-48				40	Free Chlori	ne Residual: 1.6 mg/	
LIIV #. 30203	3 I I OWI	COUR	ILK #. 14-30-	+0	Total Chlori	ine Residual:	
RESULTS				INVALID CODES			
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	9223B		ABSENT II	NVALID	2) TNTC/No Coli	/No Coliform Found s Old	
Repeat Samples Required					Replacement Samples Required		
Date Analysis Begun: 02/19/15					Time Analysis Be	egun: 08:50 AM	
Date Analysis Completed: 02/20/15					Time Analysis Co	ompleted: 09:05 AM	
Laboratory Log #:	-				Certified By:	Susan Beasley	
COMMENTS:	Special / N	Non-compliance, Wa	ter Source: GW,	Disinfectant Used: Fi	ree	Trean Brasley	
	Chlorine						