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 #:	<u>37501</u>	County: SA	AMPSON			
Water System ID #: 03-82-462						
Name of System: EVERGREEN MISSIONARY BAPT						
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:	02/18/15	TIME: 10:55 AI	M			
Location where collected:	MENS RESTRO	MC				
Location Type:	(1 = Entry Tap	o; 2 = General Tap; 3 =	= End Tap; 4 = Sc	ource/Intakes; 5 = Other)		
Location Code:		Collected By: _	Carlton Sm	nith		
FOR REPEAT SAMPLE: FO			DR REPLACEMENT SAMPLE:			
Previous Positive Location Code:			Original Sample Type:			
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time: C			Original	ginal Collection Date:		
Proximity:				Time		
(1 = Same; 2 = Upstr	ream; 3 = Downstream)					
Mail Results To: Type of Supply:						
FAYETTEVILLE	REGIONAL OFFICE	PWSS	1	Community	NTNC	
225 GREEN STR				Non-Community	Private	
FAYETTEVILLE,		-				
		I	ype of Treatme	nt: Chlorinated Non-Chlorinated		
Telephone No. 9104861191				Free Chlorine Residua	l: 0 mg/l	
EIN #: 562033116M COURIER #: 14-56-48				Total Chlorine Residual: 0 mg/l		
	RESULTS			INVALID CODES		
	THOD PRESENT	ABSENT INVA	llD 1	 Confluent Growth/No Coli TNTC/No Coliform Found 		
Total Coliform <u>9</u> Fecal/E. Coli	223B]	3) Turbid Culture/No Colifor		
Heterotrophic P.C.			1	4) Over 30 Hours Old		
	(number)		5) Improper Sample or Analy	ysis	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	02/19/15			Time Analysis Begun:	08:50 AM	
Date Analysis Completed: 02/20/15			Time Analysis Completed: 09:05 AM			
Laboratory Log #:				Certified By: Susan	Beasley	
COMMENTS: Spec	cial / Non-compliance, Sy	rstem Type: TNC, Wat	er Source: GW.	Trean	Baaley	