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:	Hoke		
Water System ID #:	03-47-015				
Name of System: Nortwest Water		Supply Inc.			
Sample Type:	5 (1 = Routine; 2	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE	02/22/16	02/22/16 TIME: 11:12 AM			
Location where collected	668 Dockery Rd,	668 Dockery Rd, Raeford, NC, outside faucet			
Location Type:	(1 = Entry Tap	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:		Collected By:	Winston 0	Cole	
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:	
Previous Positive		Original Sample Type:			
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time:		Origina	al Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Ups	tream; 3 = Downstream)				
Mail Results To: Type of Supply:					
FAYETTEVILLE REGIONAL OFFICE PWSS					
225 GREEN ST STE 714					
FAYETTEVILLE, NC 28301 Type of Treatment: Chlorinated					
Telephone No.					
EIN #: 56203311	I6M COUR	IER #: 14-56-4	8	Free Chlorine Residual: 0.35 mg/l Total Chlorine Residual:	
	RESULTS			INVALID CODES	
	ETHOD PRESENT	ABSENT IN X /ml		 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 #:				Time Analysis Begun: 09:30 AM Time Analysis Completed: 09:50 AM Certified By: Susan Beasley Turn Brank Turn Brank	
COMMENTS: Spe	cial / Non-compliance (SP), System Type:C,	Water Source: GW	Ollsan Isaaaig	

Disinfectant Used: Hypochlorite