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: N	loore	
Water System ID #:	None yet			
Name of System:	Carthage Cabin			
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	04/07/14	TIME: 10:20 AM	_	
Location where collected:	Kitchen tap			
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 =	End Tap; 4 = Sc	ource/Intakes; 5 = Other)
Location Code:	001	Collected By:	Carlton Sm	hith
FOR REPEAT SAMPLE:		FC	R REPLACEN	IENT SAMPLE:
Previous Positive Loca	tion Code:		Original	I Sample Type:
Positive Collection Date: (1=Rc			(1=Routi	ine; 2=Repeat; 3=Plan Approval; 4=Other)
Tim	e:		Original	Collection Date:
Proximity:				Time
(1 = Same; 2 = Upstream	n; 3 = Downstream)			
Mail Results To:		Ту	pe of Supply:	
FAYETTEVILLE RE	GIONAL OFFICE	PWSS	[	Community NTNC
225 GREEN STREE	т		[	Non-Community Private
FAYETTEVILLE, NC Type of Treatment: Chlorinated				
		i y		Non-Chlorinated
	104861191			Free Chlorine Residual: 0 mg/l
EIN #: 562033116M	COURI	IER #: 14-56-48		Total Chlorine Residual: 0 mg/l
	RESULTS			INVALID CODES
	RESOLIS			
CONTAMINANT METHO		ABSENT INVAL	ID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> </ol>
Total Coliform 9223				3) Turbid Culture/No Coliform Found
Fecal/E. Coli 9223I Heterotrophic P.C.		/ml		4) Over 30 Hours Old
	(number)	/		5) Improper Sample or Analysis
Repeat Samples Required				Replacement Samples Required
Date Analysis Begun:	04/08/14			Time Analysis Begun: _08:20 AM
Date Analysis Completed:	04/09/14			Time Analysis Completed: 12:20 PM
Laboratory Log #:				Certified By: Susan Beasley
COMMENTS: Special /	Non-compliance			Trean Baaley