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:	MOORE			
Water System ID #:	03-63-525					
Name of System:	MIDWAY GRILL					
Sample Type:	<b>5</b> (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	04/07/15	TIME: 02:10	AM			
Location where collected:	KIT PREP SINK					
Location Type:	(1 = Entry Tap;	2 = General Tap	; 3 = End Tap; 4 = S	Source/Intakes; 5 = Other	r)	
Location Code:		Collected By:	Carlton S	mith		
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:		
Previous Positive Lo	cation Code:		Origina	al Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Tii	me:		Origina	al Collection Date:		
Proximity:				Time		
(1 = Same; 2 = Upstrea	am; 3 = Downstream)			_		
Mail Results To:			Type of Supply:			
FAYETTEVILLE REGIONAL OFFICE PWSS						
					Private	
FAYETTEVILLE, NC Type of Treatment: X Chlorinated						
	9104861191		_	Free Chlorine		
EIN #: 562033116N	M COUR	IER #: 14-56-4	8	Total Chlorine	Residual:	
	RESULTS			INVALID CODES		
CONTAMINANT METI	HOD PRESENT	ABSENT IN	IVALID	1) Confluent Growth		
Total Coliform Colis				<ol> <li>2) TNTC/No Coliforr</li> <li>3) Turbid Culture/No</li> </ol>		
Fecal/E. Coli Colis	sure			4) Over 30 Hours OI		
Heterotrophic P.C.	(number)	/ml		5) Improper Sample	or Analysis	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: 04/08/15				Time Analysis Begun: 09:07 AM		
Date Analysis Completed: 04/09/15				Time Analysis Completed: 09:10 AM		
Laboratory Log #:				Certified By:	Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,					Trean Baaley	

Disinfectant Used: Bleach 12.5%