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:	3 7 5 0 1 03-63-124 CIRCLE D MHP	County: MOORE	
Sample Type:	Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)		
Collected on: Da	DATE: <u>04/23/15</u> TIME: <u>10:30 AM</u>		
Location where collection	cted: WELL 1		
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:		Collected By: Chris Tart	aglia
FOR REPEAT SAMP	PLE:	FOR REPLACE	MENT SAMPLE:
Previous Positive Location Code: Original Code:			al Sample Type:
Positive Collection Date: (1=Rou			utine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:	Origina	al Collection Date:
Proximity:]		Time
(1 = Same; 2 =	Upstream; 3 = Downstream)		
Mail Results To: Type of Supply:			
FAYETTEVILLE REGIONAL OFFICE PWSS			
225 GREEN STREET Non-Community Private			
FAYETTEVILLE, NC Type of Treatment: Chlorinated			
Telephone No. 9104861191 Non-Chlorinated			
EIN #: 562033116M COURIER #: 14-56-48			Free Chlorine Residual: Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT (number)	ABSENT INVALID 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:			Time Analysis Begun:: AM
Date Analysis Completed:			Time Analysis Completed: : AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS:	Received on Friday. Water bacteriological samples must be collected on		
	Monday, Tuesday or Wednesday with receipt not later than Thursday.		