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:	Anson		
Water System ID #:	03-04-010				
Name of System: Anson County Water System					
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE	05/05/15	TIME: 11:30	) AM		
Location where collected					
Location Type:	(1 = Entry Tap	o; 2 = General Tap	; 3 = End Tap; 4 = S	Source/Intakes; 5 = Other)	
Location Code:		Collected By:	Carlton S	mith	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:					
Previous Positive	Location Code:		Origina	al Sample Type:	
Positive Collection Date: (1=R			(1=Rou	itine; 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       X       Community       NTNC					
225 GREEN STREET				Non-Community Private	
FAYETTEVILLE, NC Type of Treatment: Chlorinated					
Telephone No.				Free Chlorine Residual: .23 mg/l	
EIN #: 5620331 <sup>-</sup>	16M COUR	RIER #: 14-56-4	8	Total Chlorine Residual: 2.1 mg/l	
	RESULTS			INVALID CODES	
	ETHOD PRESENT	<b>X</b> /ml		<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun:	05/06/15			Time Analysis Begun: 08:40 AM	
Date Analysis Completed: 05/07/15				Time Analysis Completed: 08:55 AM	
Laboratory Log #:				Certified By: Susan Beasley	
COMMENTS: Spe	ecial / Non-compliance			Trean Baaley	