N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laboratory of Public Health
P.O.Box 28047 - 306 N. Wilmington Street
Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Cumberland**
Water System ID #: **50-26-014**
Name of System: **Charity Bapt**
Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **05/25/11** TIME: **13:00 PM**
Location where collected: **Kit Sink**
Location Type: [2] (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: **Carlton Smith**

FOR REPEAT SAMPLE:

Previous Positive Location Code: _____
Positive Collection Date: _____
Time: _____
Proximity: [ ]
(1 = Same; 2 = Upstream; 3 = Downstream)

FOR REPLACEMENT SAMPLE:

Original Sample Type: [ ]
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Original Collection Date: _____
Time: _____

Mail Results To:

FAYETTEVILLE REGIONAL OFFICE PWSS
225 GREEN STREET
FAYETTEVILLE, 28301-5043

Telephone No. 910-433-3000

Type of Supply:
[ ] Community [ ] NTNC
[X] Non-Community [ ] Private

Type of Treatment: [ ] Chlorinated
[X] Non-Chlorinated
Free Chlorine Residual: 0.0 mg/l
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	[ ]	[X]	[ ]
Fecal/E. Coli		[ ]	[ ]	[ ]
Heterotrophic P.C.		_____ /ml (number)		

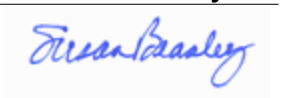
INVALID CODES

1) Confluent Growth/No Coliform Found
2) TNTC/No Coliform Found
3) Turbid Culture/No Coliform Found
4) Over 30 Hours Old
5) Improper Sample or Analysis

[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date Analysis Begun: **05/26/11**
Date Analysis Completed: **05/27/11**
Laboratory Log #: **27390**
Time Analysis Begun: **08:30 AM**
Time Analysis Completed: **08:40 AM**
Certified By: **Susan Beasley**

COMMENTS: _____



DEHNR 3757 (10/90)
Public Water Supply Section (Revised 10/92)