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: Mo	Dore
Water System ID #:	03-63-412	_	
Name of System:	Bethel Church of		
Sample Type:	5 (1 = Routine; 2	= Repeat; 3 = Replacen	ment; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	05/27/14	TIME: 11:15 AM	-
Location where collected:	Mens restroom		
Location Type:	(1 = Entry Tap;		nd Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	2	Collected By:	Carlton Smith
FOR REPEAT SAMPLE:		FOR	R REPLACEMENT SAMPLE:
Previous Positive Loca	tion Code:		Original Sample Type:
Positive Collection Date	e:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Time	e:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = Upstream	; 3 = Downstream)		
Mail Results To:		Туре	e of Supply:
FAYETTEVILLE REG	GIONAL OFFICE	PWSS	Community NTNC
225 GREEN STREE	г		X Non-Community Private
FAYETTEVILLE, NC Type of Treatment: Chlorinated			
		тура	X Non-Chlorinated
	104861191		Free Chlorine Residual: 0.0 mg/
EIN #: 562033116M	COURI	ER #: 14-56-48	Total Chlorine Residual:
	RESULTS		INVALID CODES
			1) Confluent Crowth/No Coliform Found
CONTAMINANT METHO Total Coliform 9223E		ABSENT INVALIC	D 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found
Fecal/E. Coli	<u> </u>		3) Turbid Culture/No Coliform Found
Heterotrophic P.C.		/ml	4) Over 30 Hours Old
	(number)		5) Improper Sample or Analysis
Repeat Samples Required	t		Replacement Samples Required
Date Analysis Begun:	05/28/14		Time Analysis Begun: 08:50 AM
Date Analysis Completed:	05/29/14		Time Analysis Completed: 09:10 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS:			Trean Baaley