

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Moore
Water System ID #: 03-63-112
Name of System: _____
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 06/02/11 TIME: 10:47 AM
Location where collected: 170 Patricia Kitchen Sink
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Keith Puckett

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
☐ Non-Community ☐ Private

Type of Treatment:

☒ Chlorinated
☐ Non-Chlorinated
Free Chlorine Residual: _____ Tr. mg/l
Total Chlorine Residual: _____ .1% mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	_____	☐	☐	☒
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: 06/03/11
Date Analysis Completed: 06/03/11
Laboratory Log #: 27552

COMMENTS: Received on Friday. Water bacteriological samples must be collected
on Mon., Tues., or Wednesday with receipt no later than Thursday.

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

☐ Replacement Samples Required

Time Analysis Begun: 08:35 AM
Time Analysis Completed: 08:35 AM
Certified By: Susan Beasley

