

N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laboratory 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 #: 37501 County: ROBERSON
Water System ID #: 03-78-055
Name of System: ROBERSON CO. WATER SYSTEM
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 06/24/15 TIME: 16:00 PM
Location where collected: RAW TAP
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Diane Williams

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 DWR
225 GREEN ST STE 714
FAYETTEVILLE, NC 28301
Telephone No.
EIN #: 562033116N **COURIER #: 12-78-06**

Type of Supply:

Community NTNC
 Non-Community Private

Type of Treatment:

Chlorinated
 Non-Chlorinated
Free Chlorine Residual: _____ 0 mg/l
Total Chlorine Residual: _____ 0 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: 06/25/15
Date Analysis Completed: 06/26/15
Laboratory Log #: _____

Time Analysis Begun: 08:00 AM
Time Analysis Completed: 08:20 AM
Certified By: Susan Beasley

COMMENTS: Special Ground Water Rule (GWR), Facility ID S27, Sample Point: R21, Raw
Tap, System Type: C, Water Source: GW

