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: | MOORE | | | |
|--|---|--|--|------------------------------|---------------|--|
| Water System ID #: | 03-63-497 | | | | | |
| Name of System: | OCCONEECHE | OCCONEECHEE SCOUT RESERVATION | | | | |
| Sample Type: | 5 (1 = Routine; | (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | | |
| Collected on: DATE: | ected on: DATE: <u>06/26/17</u> TIME: <u>10:30 AM</u> | | | | | |
| Location where collected: | AT WELL #2 | | | | | |
| Location Type: | (1 = Entry Ta | o; 2 = General Tap; 3 | 3 = End Tap; 4 = Se | ource/Intakes; 5 = Other) | | |
| Location Code: | E02 | Collected By: | Mike Lev | wis | | |
| FOR REPEAT SAMPLE: | | | FOR REPLACE | MENT SAMPLE: | | |
| Previous Positive Lo | Original Sample Type: | | | | | |
| Positive Collection [| Date: | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) | | | | |
| Т | ime: | Original Collection Date: | | | | |
| Proximity: | | | Time | | | |
| (1 = Same; 2 = Upstre | eam; 3 = Downstream) | | | | | |
| Mail Results To: | | | Type of Supply: | | | |
| FAYETTEVILLE R | REGIONAL OFFICE | PWSS | | Community | NTNC | |
| 225 GREEN ST | STE 714 | | | Non-Community | Private | |
| FAYETTEVILLE, NC 28301 Type of Treatment | | | | ent: Chlorinated | | |
| Telephone No. | | | 7 1 | Non-Chlorinate | d | |
| • | | COURIER #: 14-56-48 | | Free Chlorine Residu | ual:0 mg/ | |
| EIN #: 562033116 | w coo | KIEK #: 14-30-40 | • | Total Chlorine Residu | ual: 0 mg/ | |
| RESULTS | | | | INVALID CODES | | |
| CONTAMINANT MET | THOD PRESENT | ABSENT IN | /ALID | 1) Confluent Growth/No Co | oliform Found | |
| Total Coliform Colisure X | | | | 2) TNTC/No Coliform Found | | |
| Fecal/E. Coli Colisure X | | | 3) Turbid Culture/No Coliform Found4) Over 30 Hours Old | | | |
| Heterotrophic P.C. | | /ml | | 5) Improper Sample or Ana | alysis | |
| | (number | -) | | , , , , , | | |
| Repeat Samples Required | | | | Replacement Samples Required | | |
| Date Analysis Begun: 06/27/17 | | | | Time Analysis Begun: | 09:05 AM | |
| Date Analysis Completed:06/28/17 | | | | Time Analysis Completed: | 10:07 AM | |
| Laboratory Log #: | | | | | n Beasley | |
| COMMENTS: Speci | al / Non-compliance, S | vstem Type: NC, Wa | ter Source: GW | Tues | Beasley | |