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: Mont	tgomery
Water System ID #:	03-62-010		
Name of System: Montgomery Co WS			
Sample Type:	<b>5</b> (1 = Routine; 2	= Repeat; 3 = Replace	ement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	07/07/14	TIME: 11:25 AM	
Location where collected:	201 Twin Harbor of	office restroom	
Location Type:	<b>2</b> (1 = Entry Tap;	2 = General Tap; 3 = E	End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	003	Collected By:	Vang Foung
FOR REPEAT SAMPLE:		FO	DR 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:		Тур	pe of Supply:
FAYETTEVILLE REG	GIONAL OFFICE	PWSS	Community NTNC
225 GREEN STREE	г		Non-Community Private
FAYETTEVILLE, NC		Tvr	pe of Treatment: Chlorinated
Telephone No. 9104861191			
EIN #: 562033116M		IER #: 14-56-48	Free Chlorine Residual:1.21 mg/lTotal Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT METHO Total Coliform 9223E Fecal/E. Coli Heterotrophic P.C.		ABSENT INVALI	ID1) Confluent Growth/No Coliform Found2) TNTC/No Coliform Found3) Turbid Culture/No Coliform Found4) Over 30 Hours Old5) Improper Sample or Analysis
Repeat Samples Required	t		Replacement Samples Required
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	07/08/14 07/09/14		Time Analysis Begun: 10:05 AM   Time Analysis Completed: 10:15 AM   Certified By: Susan Beasley   Turn Brank Turn Brank
COMMENTS:			Cusanimany