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 #: Water System ID #: Name of System:	37501 03-83-121 CAMP MONROE		<u>FLAND</u>	
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) TE: 07/07/15 TIME: 11:15 AM wed: WELL TAP			
Location Type: Location Code:		p; 2 = General Tap; 3 = En	nd Tap; 4 = Source/Intakes; 5 = Other) Carlton Smith	
FOR REPEAT SAME	PLE:	FOR	R REPLACEMENT SAMPLE:	
Positive Collector	tive Location Code: ction Date: Time:] Upstream; 3 = Downstream)		Original Sample Type: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Original Collection Date: Time	=Other)
225 GREEN	LLE, NC 28301 lo.	: PWSS		TNC rivate 0 mg. 0 mg.
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	RESULTS METHOD PRESENT 9223B (number	ABSENT INVALID	1) Confluent Growth/No Colifor 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform F 4) Over 30 Hours Old 5) Improper Sample or Analysis	Found
Repeat Samples	Required		Replacement Samples Req	quired
Date Analysis Begun Date Analysis Comp Laboratory Log #:			Time Analysis Completed: Certified By: Susan Be	
COMMENTS:	Special/Non-compliance (SP)), System Type: TNC, Wate	ter Source: GW.	rasley
	Source Water-Ground Water Rule (GWR), Facility ID: W01			