

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Richmond**  
Water System ID #: **03-77-111**  
Name of System: **Travel Resorts of America**  
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: **07/13/11** TIME: **12:50 PM**  
Location where collected: **Well #4**  
Location Type: **4** (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: **W04** Collected By: **Carlton Smith**

### 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: 0 mg/l  
Total Chlorine Residual: \_\_\_\_\_

### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<b>9223B</b>	<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)		

☐ Repeat Samples Required

Date Analysis Begun: **07/14/11**  
Date Analysis Completed: **07/15/11**  
Laboratory Log #: **28620**

COMMENTS: \_\_\_\_\_

### 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: **08:45 AM**  
Time Analysis Completed: **09:20 AM**  
Certified By: **Joy Hayes**

