N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: Water System ID #:	37501 03-68-432	County:	Orange			
Name of System:	Eno Presbyterian Church					
ample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE:						
Location where collected:	Well #1					
Location Type:	4 (1 = Entry Tap	; 2 = General	Гар; 3 = End Tap; 4 =	Source/Intakes; 5 = Other)		
Location Code:		Collected E	By: Dwight H	larris		
FOR REPEAT SAMPLE:			FOR REPLAC	EMENT SAMPLE:		
Previous Positive Location Code:		Original Sample Type:				
Positive Collection Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			4=Other)	
Time:		Original Collection Date:				
Proximity:	Time:					
(1 = Same; 2 = Upstream	n; 3 = Downstream)					
Mail Results To:			Type of Supply	r.		
RALEIGH REGIONAL OFFICE PWSS RALEIGH, NC 27699-1628 Telephone No. 919-791-4200			Community NTNC  X Non-Community Private  Type of Treatment: Chlorinated  X Non-Chlorinated  Free Chlorine Residual:			
				Total Chlorine Residua	l:	
		INVALID CODES				
CONTAMINANT METHOD PRESENT ABSENT  Total Coliform Fecal/E. Coli Heterotrophic P.C.  Total Coliform  319  X  X  IMPLICATION (number)			INVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>		
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	07/30/09			Time Analysis Begun:	15:02 PM	
Date Analysis Completed: 07/31/09				Time Analysis Completed:	11:45 AM	
Laboratory Log #:	7684			Certified By: Susan L	Beasley	
COMMENTS:						