

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Hoke
Water System ID #: 03-47-474
Name of System: Camp Rockfish - Main
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 08/02/10 TIME: 12:00 PM
Location where collected: Well head
Location Type: 1 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Carlton Smith

FOR REPEAT SAMPLE:

FOR REPLACEMENT SAMPLE:

Previous Positive Location Code: _____
Positive Collection Date: _____
Time: _____
Proximity: (1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Original Collection Date: _____
Time: _____

Mail Results To:

Type of Supply:

**FAYETTEVILLE REGIONAL OFFICE PWSS
225 GREEN STREET
FAYETTEVILLE, 28301-5043**

Community NTNC
 Non-Community Private

Telephone No. 910-433-3000

Type of Treatment:

Chlorinated
 Non-Chlorinated

Free Chlorine Residual: 0 mg/l
Total Chlorine Residual: _____

RESULTS

INVALID CODES

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

- 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

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 08/03/10
Date Analysis Completed: 08/04/10
Laboratory Log #: 19103

Time Analysis Begun: 08:30 AM
Time Analysis Completed: 10:15 AM
Certified By: Susan Beasley

COMMENTS: _____

