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: SC	COTLAND
Water System ID #:	03-83-454		
Name of System:			
Sample Type:	5 (1 = Routine; 2	= Repeat; 3 = Repla	acement; 4 = Plan Approval; 5 = Other)
Collected on: DATE	08/12/15	TIME: 11:45 A	M
Location where collected	WELL HEAD		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 =	= End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:		Collected By:	Carlton Smith
FOR REPEAT SAMPLE:		F	FOR REPLACEMENT SAMPLE:
Previous Positive I	Location Code:		Original Sample Type:
Positive Collection	Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = Upst	ream; 3 = Downstream)		
Mail Results To:		Т	Type of Supply:
FAYETTEVILLE	REGIONAL OFFICE	PWSS	Community NTNC
225 GREEN ST			Non-Community Private
	, NC 20301	I	Type of Treatment: Chlorinated Non-Chlorinated
Telephone No.			Free Chlorine Residual:
EIN #: 56203311	6M COUR	IER #: 14-56-48	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT ME	ETHOD PRESENT	ABSENT INVA	ALID 1) Confluent Growth/No Coliform Found
Total Coliform 9	223B		2) TNTC/No Coliform Found
Fecal/E. Coli			3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old
Heterotrophic P.C.	(n	/ml	5) Improper Sample or Analysis
_	(number)		_
Repeat Samples Required Replacement Samples Required			
Date Analysis Begun:	08/13/15		Time Analysis Begun: 08:15 AM
Date Analysis Completed	1: 08/14/15		Time Analysis Completed: 08:15 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Spe	cial/Non-compliance(SP), \$	System Type: TNC, V	Water Source: GW Such Branky