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 #: Name of System:	3 7 5 0 1 03-83-455 Family Worship C	County:	Scotland	
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE: Location where collected:	08/24/11	TIME: 15:10		, , , , , , , , , , , , , , , , , , , ,
Location Type:	(1 = Entry Tap;	2 = General Tap;	3 = End Tap; 4 = So	urce/Intakes; 5 = Other)
Location Code:		Collected By:	Carlton Sm	<u>ith</u>
FOR REPEAT SAMPLE:			FOR REPLACEM	IENT SAMPLE:
Previous Positive Loca	tion 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 = Upstream	; 3 = Downstream)			
Mail Results To: FAYETTEVILLE REC 225 GREEN STREET FAYETTEVILLE, 28 Telephone No. 99 EIN #: 56 2033116 M	Г 301-5043 10-433-3000	PWSS IER #: 14-56-25	Type of Supply: [Type of Treatment	Community NTNC Non-Community Private nt: Chlorinated Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual:
	RESULTS			INVALID CODES
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.		ABSENT IN\ X	VALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis
Repeat Samples Required	d			Replacement Samples Required
Date Analysis Begun: Date Analysis Completed: Laboratory Log #:	08/25/11 08/26/11 29879			Time Analysis Begun: 08:45 AM Time Analysis Completed: 09:00 AM Certified By: Susan Beasley
COMMENTS: System	Type: TNC, Special	/Non-compliance	e	Tirean Brasley