N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 Drive

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

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

| Name of System: Sample Type: Sample Sam | Laboratory ID #:                 | <u>37501</u>       | County:           | MOORE   |                                |               |  |
|--|----------------------------------|--------------------|-------------------|---|--------------------------------|---------------|--|
| Sample Type:   5   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  Collected on: DATE:   | Water System ID #:               | 03-63-502          |                   |   |                                |               |  |
| Collected on: DATE: 08/25/14  TIME: 12:00 PM  Location where collected: UTILITY ROOM  Location Type:   | Name of System:                  | FLINT HILL BAPTIST |                   |   |                                |               |  |
| Location where collected: UTILITY ROOM  Location Type:   | Sample Type:                     | mple Type:         |                   |   |                                |               |  |
| Location Type:   | Collected on: DATE:              | 08/25/14           | TIME: <b>12:</b>  | 00 PM   |                                |               |  |
| Collected By:   Carlton Smith  | Location where collected:        | UTILITY ROOM       |                   |   |                                |               |  |
| FOR REPEAT SAMPLE:  Previous Positive Location Code:  Positive Collection Date:  Time:  Original Sample Type:  (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  Original Collection Date:  Time:  Original Collect | Location Type:                   | (1 = Entry Ta      | p; 2 = General Ta | ap; 3 = End Tap;                                | 4 = Source/Intakes; 5 = Other) |               |  |
| Previous Positive Location Code:   | Location Code:                   |                    | Collected By      | : Carlto  | on Smith                       |               |  |
| Positive Collection Date:  | FOR REPEAT SAMPLE:               |                    |                   | FOR REPL  | ACEMENT SAMPLE:                |               |  |
| Time:  | Previous Positive Location Code: |                    |                   |   | Original Sample Type:          |               |  |
| Proximity:   | Positive Collection Date:        |                    |                   | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) |                                |               |  |
| Mail Results To: Type of Supply:    FAYETTEVILLE REGIONAL OFFICE PWSS  | Time:                            |                    |                   |   | Original Collection Date:      |               |  |
| Mail Results To:    FAYETTEVILLE REGIONAL OFFICE PWSS   Community   NTNC   Non-Community   Private   | Proximity:                       |                    |                   |   | Time                           |               |  |
| FAYETTEVILLE REGIONAL OFFICE PWSS  225 GREEN STREET  FAYETTEVILLE, NC  Telephone No. 9104861191  EIN #: 562033116M  COURIER #: 14-56-48  Total Chlorine Residual:  Total Chlorine Residual:  Total Coliform  9223B  Total Chlorine Residual:  Total Coliform  9223B  Total Chlorine Residual:  Total Coliform  9223B  Total Chlorine Residual:  1) Confluent Growth/No Coliform Found  2) TNTC/No Coliform Found  3) Turbid Culture/No Coliform Found  4) Over 30 Hours Old  Fecal/E. Coli  Heterotrophic P.C.  Repeat Samples Required  Time Analysis Begun:  Date Analysis Begun:  Date Analysis Completed:  08/27/14  Date Analysis Completed:  08/27/14  Time Analysis Completed:  09:30 AM  Date Analysis Completed:  09:30 AM  Certified By:  Susan Beasley  | (1 = Same; 2 = Upstream          | n; 3 = Downstream) |                   |   |                                |               |  |
| Non-Community   Private  | Mail Results To:                 |                    |                   | Type of Sup                                     | oply:                          |               |  |
| Non-Community   Private  | FAYETTEVILLE RE                  | GIONAL OFFICE      | PWSS              |   | Community                      | ] NTNC        |  |
| FAYETTEVILLE, NC Telephone No. 9104861191  EIN #: 562033116M COURIER #: 14-56-48  RESULTS  CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required  Date Analysis Begun: Date Analysis Completed: Date Analysis | 225 GREEN STREE                  | т                  |                   |   | = =                            | Private       |  |
| Telephone No. 9104861191  EIN #: 562033116M  COURIER #: 14-56-48  RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: 08/26/14 Date Analysis Completed: 08/27/14 Laboratory Log #:  Non-Chlorinated Free Chlorine Residual: 0 mg/ Total Coliform Found 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  |                                  |                    |                   | Type of Tre                                     | atment: Chlorinated            |               |  |
| RESULTS  RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B  |                                  |                    |                   | 1         | =                              | ed            |  |
| RESULTS  INVALID CODES  CONTAMINANT METHOD PRESENT ABSENT INVALID  Total Coliform 9223B  Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: 08/26/14 Date Analysis Completed: 08/27/14 Laboratory Log #:  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: 08:50 AM Time Analysis Completed: 09:30 AM Certified By: Susan Beasley   | ·                                |                    | DIED #. 44 FC     | 40  | Free Chlorine Resid            | ual:0 mg/     |  |
| CONTAMINANT METHOD PRESENT ABSENT INVALID  Total Coliform Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: Date Analysis Completed: Date Ana | EIN #. 502033116W                | COOI               | KIEK #. 14-56     | -40   | Total Chlorine Resid           | lual: 0 mg/   |  |
| Total Coliform  Fecal/E. Coli  Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun:  Date Analysis Completed:  Date Analysis Completed: | RESULTS                          |                    |                   |   | INVALID CODES                  |               |  |
| Fecal/E. Coli Heterotrophic P.C.  Repeat Samples Required  Date Analysis Begun: Date Analysis Completed: Date Analysis Co | CONTAMINANT METHO                | OD PRESENT         | ABSENT            | INVALID   | 1) Confluent Growth/No C       | oliform Found |  |
| Heterotrophic P.C.    A   Over 30 Hours Old  | Total Coliform 9223              | в                  | X                 |   |                                |               |  |
| Time Analysis Completed:    Date Analysis Completed:   08/27/14     08/27/14     08/27/14     Certified By:   Susan Beasley   Simproper Sample or Analysis   Simproper Sample or Analysis   Simproper Sample or Analysis   Simproper Sample or Analysis   Replacement Samples Required   Time Analysis Begun:   08:50 AM   Time Analysis Completed:   09:30 AM   Certified By:   Susan Beasley   Susan Beasley   Simproper Sample or Analysis   Si | Fecal/E. Coli                    |                    |                   |   |                                | orm Found     |  |
| Repeat Samples Required  Date Analysis Begun: 08/26/14  Date Analysis Completed: 08/27/14  Laboratory Log #: Certified By: Susan Beasley   | Heterotrophic P.C.               |                    | <del></del>       |   | •                              | alysis        |  |
| Date Analysis Begun: 08/26/14  Date Analysis Completed: 08/27/14  Laboratory Log #: Time Analysis Begun: 08:50 AM  Time Analysis Completed: 09:30 AM  Certified By: Susan Beasley  |                                  | (number            | ·)                |   |                                | •             |  |
| Date Analysis Completed: 08/27/14 Time Analysis Completed: 09:30 AM Laboratory Log #: Certified By: Susan Beasley  | Repeat Samples Require           | d                  |                   |   | Replacement Samples            | Required      |  |
| Laboratory Log #: Certified By: Susan Beasley  | Date Analysis Begun: 08/26/14    |                    |                   |   | Time Analysis Begun:           | 08:50 AM      |  |
|  | Date Analysis Completed:         | 08/27/14           |                   |   |                                |               |  |
| COMMENTS: Special / Non-compliance, System Type: TNC.  | Laboratory Log #:                |                    |                   |   |                                |               |  |
|  | COMMENTS: Special /              | Non-compliance, Sy | stem Type: TNC    |   | Tura                           | a Brasley     |  |