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: MO	ORE		
Water System ID #:	03-63-502				
Name of System: FLINT HILL BA		rist 🛛			
Sample Type:5(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DA	TE: 08/25/14	TIME: 12:15 PM	_		
Location where collect	ed: MEN'S ROOM				
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3 = E	nd Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By:	Carlton Smith		
FOR REPEAT SAMPLE:		FOI	FOR REPLACEMENT SAMPLE:		
Previous Positive 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 = U	ostream; 3 = Downstream)				
Mail Results To:		e of Supply:			
FAYETTEVILL	E REGIONAL OFFICE	PWSS	Community	NTNC	
225 GREEN S	TREET		Non-Community	Private	
FAYETTEVILL		Typ	e of Treatment: Chlorinated		
		τyp	Non-Chlorinated		
Telephone No. 9104861191			Free Chlorine Residua	al: 0 mg/l	
EIN #: 562033116M COURIER #: 14-56-48			Total Chlorine Residua		
	RESULTS		INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B (number)	ABSENT INVALII	D 1) Confluent Growth/No Col 2) TNTC/No Coliform Found 3) Turbid Culture/No Colifor 4) Over 30 Hours Old 5) Improper Sample or Anal	l m Found	
Repeat Samples Required			Replacement Samples F	Replacement Samples Required	
Date Analysis Begun:	08/26/14		Time Analysis Begun:	08:50 AM	
Date Analysis Completed: 08/27/14			Time Analysis Completed:	09:30 AM	
Laboratory Log #:				Beasley	
COMMENTS: S	pecial / Non-compliance, Sys	stem Type: TNC, Water	Source: GW	Baaley	