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 #: Water System ID #:	37501 03-82-070	County:	SAMPSON		
Name of System:	SAMPSON COU	SAMPSON COUNTY - DUNN			
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DAT	E: 09/15/14	TIME: _ 09:2	5 AM_		
Location where collecte	ed: 421 METER VAU	421 METER VAULT			
Location Type:	(1 = Entry Tap	o; 2 = General Tap	o; 3 = End Tap; 4 = S	ource/Intakes; 5 = Other)	
Location Code:		Collected By:	Byron Ree	eves	
FOR REPEAT SAMPLI	E:		FOR REPLACE	MENT SAMPLE:	
Previous Positive Location Code:			Origina	Original Sample Type:	
Positive Collection Date: (1=F			(1=Rou	tine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:		Origina	ll Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Up	ostream; 3 = Downstream)				
Mail Results To:			Type of Supply:		
WILMINGTON	REGIONAL OFFICE P	wss		Community NTNC Non-Community Private	
WILMINGTON	, NC 28405-3845		Type of Treatme		
Telephone No. 910-796-7215 Non-Chlorinated					
EIN #: 56 2033	372 Q COUF	RIER #: 04-16-	33	Free Chlorine Residual: mg/ Total Chlorine Residual: 1.0 mg/	
	RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	PRESENT 9223B (number	X /ml	NVALID	 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				Replacement Samples Required	
Date Analysis Begun: Date Analysis Complete Laboratory Log #:	09/16/14_ ed:09/17/14_			Time Analysis Begun: Time Analysis Completed: Certified By: Susan Beasley	
COMMENTS: Sp	oecial / Non-compliance (SF	P),System Type: C	C, Water Source: SWI	o, Turan Brasley	
Di	sinfectant Used: Chloramin	es.			