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:	MOORE		
Water System ID #:	03-63-576				
Name of System:	LEGACY GOL	LEGACY GOLF LINK			
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE	<u>09/15/15</u>	TIME: 16:1	10 PM		
Location where collected	d: KIT DOUBLE \$	SINK			
Location Type:	(1 = Entry T	ap; 2 = General Tap	ap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By:	y:Carlton Smith		
FOR REPEAT SAMPLE	:		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 = Ups	stream; 3 = Downstream)			
Mail Results To:			Type of Supply:		
FAYETTEVILLE	REGIONAL OFFIC	E PWSS	☐ Community ☐ NTNC		
225 GREEN ST	STE 714		☐ Non-Community ☐ Private		
FAYETTEVILLE, NC 28301			Type of Treatment: Chlorinated		
Telephone No.	,		Non-Chlorinated		
•		JRIER #: 14-56-4	Free Chlorine Residual: m	ng,	
EIN #. 5020551	TOW CO	JRIER #. 14-30-4	Total Chlorine Residual: 0 m	ng.	
	RESULTS		INVALID CODES		
Total Coliform	PRESENT	ABSENT I	INVALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found		
Fecal/E. Coli Heterotrophic P.C.	⊔	∟ /ml	4) Over 30 Hours Old		
Tieleioliophic F.C.	(numb		5) Improper Sample or Analysis		
Repeat Samples Re	quired		Replacement Samples Required		
Date Analysis Begun: 09/16/15			Time Analysis Begun: 09:00 AM	_	
Date Analysis Completed: 09/17/15			Time Analysis Completed: 09:40 AM	_	
Laboratory Log #:			Certified By: Susan Beasley	_	
COMMENTS: Spe	ecial / Non-compliance (SP), System Type: 1	TNC, Water Source: GW.		