

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Moore  
Water System ID #: 03-63-537  
Name of System: Stone's Chapel  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 10/03/11 TIME: 12:20 PM  
Location where collected: Well Tap  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Carlton Smith

### FOR REPEAT SAMPLE:

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity: ☐  
(1 = Same; 2 = Upstream; 3 = Downstream)

### FOR REPLACEMENT SAMPLE:

Original Sample Type: ☐  
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

### Mail Results To:

**FAYETTEVILLE REGIONAL OFFICE PWSS**

**225 GREEN STREET**

**FAYETTEVILLE, 28301-5043**

**Telephone No. 910-433-3000**

**EIN #: 56 2033116 M COURIER #: 14-56-25**

### Type of Supply:

☐ Community ☐ NTNC  
☐ Non-Community ☐ Private

### Type of Treatment:

☐ Chlorinated  
☐ Non-Chlorinated  
Free Chlorine Residual: 0 mg/l  
Total Chlorine Residual: 0 mg/l

### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml (number)		

☐ Repeat Samples Required

Date Analysis Begun: 10/04/11  
Date Analysis Completed: 10/05/11  
Laboratory Log #: 30881

COMMENTS: Flow difficult to control, windy.

### 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: 08:35 AM  
Time Analysis Completed: 09:35 AM  
Certified By: Susan Beasley

