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 GOLF	LINKS			
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE	10/12/15	TIME: 1	3:00 PM		
Location where collected	BAR SINK				
Location Type:	(1 = Entry Ta	o; 2 = General [·]	Tap; 3 = End Tap; 4	= Source/Intakes; 5 = Other)	
Location Code:		Collected I	By: Carlto	n Smith	
FOR REPEAT SAMPLE:		FOR REPLACEMENT SAMPLE:			
Previous Positive	Original Sample Type:				
Positive Collection	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
		Original Collection Date:			
Proximity:			Time		
(1 = Same; 2 = Ups	tream; 3 = Downstream)				
Mail Results To:			Type of Sup	ply:	
FAYETTEVILLE	REGIONAL OFFICE	PWSS		Community NTNC	
225 GREEN ST			Non-Community Private		
FAYETTEVILLE		Type of Trea	atment: Chlorinated		
Telephone No.	,			Non-Chlorinated	
EIN #: 56203311		RIER #: 14-5	C 40	Free Chlorine Residual:	0 mg/l
EIN #. 56205511		NER #. 14-5	0-40	Total Chlorine Residual:	0 mg/l
RESULTS				INVALID CODES	
CONTAMINANT M	ETHOD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coliform Fou	nd
Total Coliform	9223B	X		2) TNTC/No Coliform Found	
Fecal/E. Coli				3) Turbid Culture/No Coliform Found4) Over 30 Hours Old	
Heterotrophic P.C.	(aab.a.	/ml		5) Improper Sample or Analysis	
_	(number)		_	
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 10/13/15				Time Analysis Begun: 09:25	AM
Date Analysis Completed: 10/14/15				Time Analysis Completed: 09:25	
Laboratory Log #:				Certified By: Susan Beasley	
COMMENTS: Special/Non-compliance (SP), System Type: TNC, Water Source: GW					