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: CUMBER	RLAND		
Water System ID #:	50-26	50-26			
Name of System:	NEW VISION CH	NEW VISION CHIURCH			
Sample Type:   [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATI	E: 10/14/15	TIME: 10:40 AM			
Location where collecte	d: MEN'S RR				
Location Type:	(1 = Entry Ta	p; 2 = General Tap; 3 = Enc	d Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By:	Carton 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:		Туре	of Supply:		
FAYETTEVILLI	E REGIONAL OFFICE	E PWSS	Community	NTNC	
225 GREEN ST	STE 714		Non-Community	Private	
FAYETTEVILLE, NC 28301			of Treatment: Chlorinated		
Telephone No.		1,700	Non-Chlorinate	ed	
•		RIER #: 14-56-48	Free Chlorine Residu	ual: 0 mg	
EIN #. 562055 I	16W COO	RIER #. 14-30-40	Total Chlorine Resid	ual: 0 mg/	
RESULTS			INVALID CODES		
CONTAMINANT M	ETHOD PRESENT	ABSENT INVALID	1) Confluent Growth/No C	oliform Found	
Total Coliform 9223B					
			<ol> <li>Turbid Culture/No Colife</li> <li>Over 30 Hours Old</li> </ol>	orm Found	
Heterotrophic P.C/ml			•	5) Improper Sample or Analysis	
	(numbe	i)			
Repeat Samples Re	quired		Replacement Samples	Required	
Date Analysis Begun: 10/15/15			Time Analysis Begun:	08:30 AM	
Date Analysis Completed:			Time Analysis Completed:	08:35 AM	
Laboratory Log #:				n Beasley	
COMMENTS: Sp	ecial / Non-compliance (S	P), System Type: TNC, Wat	er Source: GW	Beasley	