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			
Name of System: NEW VISION CHURCH				
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE	DATE: 10/14/15 TIME: 11:00 AM			
Location where collected	KIT TAP HAND SINK			
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End 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	tream; 3 = Downstream)			
Mail Results To: Type of Supply:				
FAYETTEVILLE REGIONAL OFFICE PWSS				
225 GREEN ST STE 714				
FAYETTEVILLE, NC 28301 Type of Treatment: Chlorinated				
Telephone No. Image: State of the state of th				
EIN #: 5620331		IER #: 14-56-48	Free Chlorine Residual: 0 mg/l	
EIN #. 3020331		ILN #. 14-30-40	Total Chlorine Residual: 0 mg/l	
	RESULTS		INVALID CODES	
	ETHOD PRESENT	ABSENT INVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
Repeat Samples Re	quired		Replacement Samples Required	
Date Analysis Begun: Date Analysis Complete Laboratory Log #:	10/15/15 d: 10/16/15		Time Analysis Begun:08:30 AMTime Analysis Completed:08:35 AMCertified By:Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type:TNC, Water Source: GW,				

Sample collection time given by phone per C. Smith.