

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Richmond**
Water System ID #: **50-77-004**
Name of System: **Joy Freewill Ch**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **10/24/11** TIME: **11:45 AM**
Location where collected: **Source / 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	9223B	☐	☒	☐
Fecal/E. Coli		☐	☐	☐
Heterotrophic P.C.			/ml	

(number)

☐ Repeat Samples Required

Date Analysis Begun: **10/25/11**

Date Analysis Completed: **10/26/11**

Laboratory Log #: **31435**

COMMENTS: Special/Non-compliance

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: **09:10 AM**

Time Analysis Completed: **09:15 AM**

Certified By: **Susan Beasley**

