

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Richmond  
Water System ID #: 03-77-513  
Name of System: Waymon AME Zion Ch  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 10/26/11 TIME: 10:50 AM  
Location where collected: Men's Restroom  
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:**

**FOR REPLACEMENT SAMPLE:**

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		
		(number)		

**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

Repeat Samples Required

Replacement Samples Required

Date Analysis Begun: 10/27/11  
Date Analysis Completed: 10/28/11  
Laboratory Log #: 31558

Time Analysis Begun: 08:45 AM  
Time Analysis Completed: 10:15 AM  
Certified By: Susan Beasley

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

