

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Bladen**
Water System ID #: **03-09-102**
Name of System: **Singletery Lake Group Camr**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **10/31/11** TIME: **11:30 AM**
Location where collected: **Longleaf Camp Center Tap**
Location Type: **2** (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: _____

Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	9223B	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: **11/01/11**

Date Analysis Completed: **11/02/11**

Laboratory Log #: **31614**

COMMENTS: **Free Chlorine Residual: Trace**

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: **08:55 AM**

Time Analysis Completed: **09:10 AM**

Certified By: **Susan Beasley**

