N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

nn	NOT	WRITE	IN TH	HS SPACE	

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: Water System ID #: Name of System:	37501 07-31-040 Town of Faison	County:	Dupli	<u>n</u>				
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
Collected on: DATE:	12/07/11 TIME: 10:00 AM Kitchen tap sample #1							
Location where collected:								
Location Type:	5 (1 = Entry Tap	; 2 = General	Гар; 3 = End	Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:		Collected E	By: <u>E</u>	Byron Reeves				
FOR REPEAT SAMPLE:			FOR R	REPLACEMENT SAMPLE:				
Previous Positive Loca	tion Code:	Original Sample Type: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)						
Positive Collection Date	e:							
Time	<del></del>			Original Collection Date:				
Proximity:				Time:				
(1 = Same; 2 = Upstream	; 3 = Downstream)							
Mail Results To:		Type of Supply:						
WILMINGTON REGI	ONAL OFFICE P	wss		X Community NTNC Non-Community Private				
WILMINGTON, NC 2	8405-3845		Туре с	of Treatment: X Chlorinated				
Telephone No. 9	10-796-7215			Non-Chlorinated				
EIN #: 56 2033372 Q	COUR	URIER #: 04-16-33		Free Chlorine Residual: 1  Total Chlorine Residual:	.5 mg/			
	RESULTS			INVALID CODES				
CONTAMINANT METHO Total Coliform 92238 Fecal/E. Coli Heterotrophic P.C.		ABSENT  X  /ml	INVALID	<ol> <li>Confluent Growth/No Coliform Four</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	nd			
Repeat Samples Required	d	Replacement Samples Required						
Date Analysis Begun:	12/08/11			Time Analysis Begun: 08:00 A	AM			
Date Analysis Completed:	12/09/11			Time Analysis Completed: 08:40 A	AM			
Laboratory Log #:	32540			Certified By: Susan Beasley				
COMMENTS:				Turan Brasley	ケ			