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 #:   **3 7 5 0 1**   County: **ROBESON**

Water System ID #:   **03-78-040**

Name of System: **TOWN OF ROWLAND**

Sample Type: ☐   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **01/06/15**   TIME: **16:15 PM**

Location where collected: **801 E MAIN ST**

Location Type: ☐   (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: _____   Collected By: ___**Winston Cole**___

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 = Upstream; 3 = Downstream)

Mail Results To: Type of Supply:

FAYETTEVILLE REGIONAL OFFICE PWSS   ☐ Community   ☐ NTNC

225 GREEN STREET   ☐ Non-Community   ☐ Private

FAYETTEVILLE, NC   Type of Treatment: ☐   Chlorinated

Telephone No.   9104861191   ☐   Non-Chlorinated

EIN #: 562033116M   COURIER #: 14-56-48   Free Chlorine Residual: _____
                                                         Total Chlorine Residual: _____

| | **RESULTS** | | | | **INVALID CODES** |

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

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: _____   Time Analysis Begun: ___**: AM**

Date Analysis Completed: _____   Time Analysis Completed: ___**: AM**

Laboratory Log #: _____   Certified By: ___**Susan Beasley**___

COMMENTS: Special / Non-compliance (SP), System Type: C, Water Source: GW, _____

Received 01/08/15 @ 07:43 AM; Sample over 30 hrs old when received.