N.C. Department of Environmental, Health, and Natural Resources
Division of Laborabory Services
State Laboratory 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: **CUMBERLAND**

Water System ID #: **03-26-687**

Name of System: **UNION OAK AME ZION CHURCH**

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

Collected on: DATE: **02/07/17**   TIME: **12:15 PM**

Location where collected: **OUTSIDE TAP**

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

Location Code: **OT 1**   Collected By: **Mike Lewis**

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 ST STE 714

FAYETTEVILLE, NC 28301

Telephone No.

EIN #: 562033116M   **COURIER #: 14-56-48**

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)		

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: **02/08/17**

Date Analysis Completed: **02/09/17**

Laboratory Log #: _____

Time Analysis Begun: **09:15 AM**

Time Analysis Completed: **09:20 AM**

Certified By: **Susan Beasley**

COMMENTS: Special / Non-compliance (SP). _____

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