

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Anson
Water System ID #: 03-04-010
Name of System: LANESBORO CORRECTIONAL
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 05/05/15 TIME: 11:55 AM
Location where collected: SICK CALL
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Forina Brown

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, NC
Telephone No. 9104861191
EIN #: 562033116M **COURIER #: 14-56-48**

Type of Supply: Community NTNC
 Non-Community Private

Type of Treatment: Chlorinated
 Non-Chlorinated
Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS

INVALID CODES

| 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. | _____ | <u>Not Done</u> /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: 05/06/15
Date Analysis Completed: 05/07/15
Laboratory Log #: _____

Time Analysis Begun: 08:40 AM
Time Analysis Completed: 08:55 AM
Certified By: Susan Beasley

N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory 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

COMMENTS:

Type of Sample: Treated, Source of Water: Surface; Lab Accident for HPC;



Colilert was added to sample; Sample was only tested for Total Coliform

Bacteria; We apologize for any inconvenience this may have caused.