

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: CUMBERLAND  
Water System ID #: 03-26-548  
Name of System: FANTASY LAKE  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 06/05/17 TIME: 10:30 AM  
Location where collected: DEEP SINK  
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: 001 Collected By: Mike Lewis

**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 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**

**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	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: 06/06/17  
Date Analysis Completed: 06/07/17  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 09:15 AM  
Time Analysis Completed: 10:05 AM  
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP).

