

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
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DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: SCOTLAND
Water System ID #: 03-83-454
Name of System: LAURAL HILL PRESB
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 08/12/15 TIME: 12:00 PM
Location where collected: KIT DOUBLE
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Carlton Smith

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

Type of Supply:

Community NTNC
 Non-Community Private

Type of Treatment:

Chlorinated
 Non-Chlorinated

Free Chlorine Residual: _____
Total Chlorine Residual: _____

COURIER #: 14-56-48

RESULTS

| 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. | _____ | _____ /ml | | |
| (number) | | | | |

Repeat Samples Required

Date Analysis Begun: 08/13/15
Date Analysis Completed: 08/14/15
Laboratory Log #: _____

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

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

Replacement Samples Required

Time Analysis Begun: 08:15 AM
Time Analysis Completed: 08:15 AM
Certified By: Susan Beasley

