

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: HOKE
Water System ID #: 03-47-102
Name of System: 401 MOBILE HOME PARK
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 09/15/15 TIME: 11:00 AM
Location where collected: 137 WILLIS ST
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 2 Collected By: Carlton Smith

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: 1.0 mg/l
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.	_____	_____ /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: 09/16/15
Date Analysis Completed: 09/17/15
Laboratory Log #: _____

Time Analysis Begun: 09:00 AM
Time Analysis Completed: 09:40 AM
Certified By: Susan Beasley

COMMENTS: _____

