

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: CUMBERLAND  
Water System ID #: 03-26-682  
Name of System: SAVANNAH BAPTIST CHURCH  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 09/22/14 TIME: 10:48 AM  
Location where collected: SANCTUARY MEN'S BATHROOM  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Winston Cole

#### 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 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

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		
(number)				

Repeat Samples Required

Date Analysis Begun: \_\_\_\_\_  
Date Analysis Completed: \_\_\_\_\_  
Laboratory Log #: \_\_\_\_\_

COMMENTS: Sample received 10/09/14 @ 15:09 PM; Too Old - Sample over 30 hours old  
when received

#### 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: \_\_\_\_\_  
Time Analysis Completed: \_\_\_\_\_  
Certified By: **Susan Beasley**

