

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: ANSON
Water System ID #: 03-04-010
Name of System: ANSON CO WS
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 04/27/15 TIME: 10:15 AM
Location where collected: KITCHEN SINK - Lanesboro Correctional Institution
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

Type of Supply:

☐ Community ☐ NTNC
☐ Non-Community ☐ Private

Type of Treatment:

☐ Chlorinated
☐ Non-Chlorinated

Free Chlorine Residual: _____ mg/l
Total Chlorine Residual: 2.2 mg/l

COURIER #: 14-56-48

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	☐	☒	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: 04/28/15
Date Analysis Completed: 04/29/15
Laboratory Log #: _____

COMMENTS: Special / Non-compliance (SP), System Type: Com, Water Source: S

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: 08:30 AM
Time Analysis Completed: 09:10 AM
Certified By: Susan Beasley

