N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive
Raleigh, NC 27611-8047
919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **CUMBERLAND**

Water System ID #: **50-26-028**

Name of System: **NEW VISION CHRISTIAN CHURCH**

Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **10/26/16** TIME: **10:50 AM**

Location where collected: **SMALL BATHROOM**

Location Type: [2] (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: _____ Collected By: **Mike Lewis**

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 **COURIER #: 14-56-48**

Type of Supply:

[ ] Community [ ] NTNC

[X] Non-Community [ ] Private

Type of Treatment: [ ] Chlorinated

[X] Non-Chlorinated

Free Chlorine Residual: 0 mg/l

Total Chlorine Residual: 0 mg/l

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	[ ]	[X]	[ ]
Fecal/E. Coli		[ ]	[ ]	[ ]
Heterotrophic P.C.		_____ /ml (number)		

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

[ ] Repeat Samples Required

[ ] Replacement Samples Required

Date Analysis Begun: **10/27/16**

Time Analysis Begun: **08:30 AM**

Date Analysis Completed: **10/28/16**

Time Analysis Completed: **08:40 AM**

Laboratory Log #: _____

Certified By: **Susan Beasley**

COMMENTS: _____