

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: CARTERET
Water System ID #: 04-16-197
Name of System: NORTH RIVER / MILL CREEK
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 01/24/17 TIME: 11:45 AM
Location where collected: 174 PIVER RD, KITCHEN SINK
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Bryan Lievre

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: **WILMINGTON REGIONAL OFFICE PWSS**
127 CARDINAL DRIVE EXTENSION
WILMINGTON, NC 28405
Telephone No. **9107967215**
EIN #: **566000372Q** COURIER #: **41-63-33**

Type of Supply: Community NTNC
 Non-Community Private

Type of Treatment: Chlorinated
 Non-Chlorinated
Free Chlorine Residual: 0.06 mg/l
Total Chlorine Residual: _____

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9221B</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: 01/25/17
Date Analysis Completed: 01/27/17
Laboratory Log #: _____

Time Analysis Begun: 10:20 AM
Time Analysis Completed: 10:20 AM
Certified By: Susan Beasley

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

