

### 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: 12:10 PM  
Location where collected: 147 PIVER RD, SVC TAP  
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:**

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: **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: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

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)		

**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: 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

