

DO NOT WRITE IN THIS SPACE

**BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: 37501 County: PENDER  
 Water System ID #: 04-71-447  
 Name of System: HAMPSTEAD STATION SHOPPING CENTER  
 Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
 Collected on: DATE: 02/20/17 TIME: 11:45 AM  
 Location where collected: WELLHEAD FAUCET  
 Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
 Location Code: \_\_\_\_\_ Collected By: Allen Baker

**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 #: 04-16-33**

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>9223B</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</u>	<input type="checkbox"/>	<input checked="" 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: 02/21/17  
 Date Analysis Completed: 02/22/17  
 Laboratory Log #: \_\_\_\_\_

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

COMMENTS: Special / Non-compliance (SP), Water Source: GW, Replacement well - Sample  
cloudy

