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 #:	<u>37501</u>	County: PEN	IDER		
Water System ID #:	04-71-447				
Name of System:	HAMPSTEAD ST	MPSTEAD STATION SHOPPING CENTER			
Sample Type:	ample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	TE: 02/22/17	TIME: 12:27 PM			
Location where collect	ed: CAN WASH - BAH	KERY			
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 = En	d Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By:	Allen Baker		
FOR REPEAT SAMPL	E:	FOR	R REPLACEMENT SAMPLE:		
Previous Positiv	ve Location Code:		Original Sample Type:		
Positive Collect	ion Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Othe	r)	
	Time:		Original Collection Date:		
Proximity:			Time		
(1 = Same; 2 = U	pstream; 3 = Downstream)				
Mail Results To:		Туре	e of Supply:		
WILMINGTON	REGIONAL OFFICE P	NSS	Community X NTNC		
127 CARDINAL DRIVE EXTENSION					
WILMINGTON, NC 28405 Type of Treatment: X Chlorinated					
Telephone No				2.20 mg/l	
EIN #: 566000	372Q COUR	IER #: 04-16-33	Total Chlorine Residual:		
	RESULTS		INVALID CODES		
CONTAMINANT	METHOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coliform Fo	und	
Total Coliform	9223B	X 🗌	2) TNTC/No Coliform Found		
Fecal/E. Coli			 Turbid Culture/No Coliform Found Over 30 Hours Old 	ł	
Heterotrophic P.C.		/ml	5) Improper Sample or Analysis		
	(number)				
Repeat Samples R	Required		Replacement Samples Required		
Date Analysis Begun:	02/23/17			5 AM	
Date Analysis Comple	ted: 02/24/17		Time Analysis Completed: 09:00		
Laboratory Log #:			Certified By: Susan Beasle		
COMMENTS: S	pecial / Non-compliance (SP), Water Source: GW, Sa	imple cloudy Turan Baad	eg	