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: New Ha	anover		
Water System ID #:	70-65-068				
Name of System:	24 Fit				
Sample Type:	<b>5</b> (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	02/29/16	TIME: 10:48 AM			
Location where collected:	bathroom sink				
Location Type:	ocation 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:			Original Sample Type:		
Positive Collection Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time:			Original Collection Date:		
Proximity:			Time		
(1 = Same; 2 = Upstr	ream; 3 = Downstream)				
Mail Results To: Type of Supply:					
WILMINGTON REGIONAL OFFICE PWSS				NTNC	
127 CARDINAL DRIVE EXTENSION				Private	
Telephone No.	9107967215		Free Chlorine Residua	ŀ	
EIN #: 566000372Q COURIER #: 41-63-33			Total Chlorine Residua		
	RESULTS		INVALID CODES		
CONTAMINANT ME	THOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coli	form Found	
Total Coliform 92	223B		2) TNTC/No Coliform Found		
Fecal/E. Coli			<ol> <li>Turbid Culture/No Coliforr</li> <li>Over 30 Hours Old</li> </ol>	m Found	
Heterotrophic P.C.		/ml	5) Improper Sample or Analy	/sis	
_	(number)		_		
Repeat Samples Required			Replacement Samples R	Replacement Samples Required	
Date Analysis Begun:	03/01/16		Time Analysis Begun:	08:30 AM	
Date Analysis Completed	: 03/02/16		Time Analysis Completed:	09:55 AM	
Laboratory Log #:			Certified By: Susan I		
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: Gw					