N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:	<u>37501</u>	County:	Dare			
Water System ID #:	04-28-469	_				
Name of System:	Avon Cafe					
Sample Type:	ample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	lected on: DATE: <u>03/01/10</u> TIME: <u>11:26 AM</u>					
Location where collected:	Prep Sink					
Location Type:	2 (1 = Entry Tap	; 2 = General T	ap; 3 = End Tap; 4	1 = Source/Intakes; 5 = Other)		
Location Code:	006	Collected B	y: Joey	White		
FOR REPEAT SAMPLE:			FOR REPLA	ACEMENT SAMPLE:		
Previous Positive Loc	Original Sample Type:					
Positive Collection Da	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Tim		Original Collection Date:				
Proximity:			Time:			
(1 = Same; 2 = Upstrear	m; 3 = Downstream)					
Mail Deputto To	<u> </u>		T of O	and the		
Mail Results To:			Type of Sup	· —	_	
WASHINGTON REG	GIONAL OFFICE F	PWSS		Community X Non-Community	NTNC Private	
WASHINGTON, NC 27889 Type of Treatment: Chlorinated						
•			71	X Non-Chlorinate	ed	
Telephone No.	252-946-6481			Free Chlorine Resid	ual:	
				Total Chlorine Resid	dual:	
	RESULTS			INVALID CODES		
CONTAMINANT METH	IOD PRESENT	ABSENT	INVALID	1) Confluent Growth/No C	Coliform Found	
	ABSENT		LID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found			
Total Coliform 312 X			H	3) Turbid Culture/No Coliform Found		
Heterotrophic P.C.	<u> </u>	/ml	_	4) Over 30 Hours Old5) Improper Sample or Ar	nalveis	
	(number)			o) improper dample of 74	iaryoio	
Repeat Samples Required			Replacement Samples Required			
Date Analysis Begun: 03/02/10			Time Analysis Begun:	08:19 AM		
Date Analysis Completed:	03/03/10			Time Analysis Completed	09:25 AM	
Laboratory Log #:	14206			Certified By: Susa	n Beasley	
COMMENTS:				Tres	enBaaley	