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: | PENDER | | | |
|---|------------------------|--|---------------------------|--|----------------|--|
| Water System ID #: | 04-71-447 | | | | | |
| Name of System: | HAMPSTEAD S | HAMPSTEAD STATION SHOPPING CENTER | | | | |
| Sample Type: | 5 (1 = Routine | (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | | |
| Collected on: DATE: | 03/06/17 | TIME: 09:18 | AM | | | |
| Location where collected: WELL HEAD FAUCET - 0918 | | | | | | |
| Location Type: | (1 = Entry Ta | ap; 2 = General Tap; | 3 = End Tap; 4 = S | Source/Intakes; 5 = Other) | | |
| Location Code: | | Collected By: | Allen Ba | aker | | |
| FOR REPEAT SAMPLE: | | | FOR REPLACE | EMENT SAMPLE: | | |
| Previous Positive Location Code: | | | Original Sample Type: | | | |
| Positive Collection D | | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) | | | | |
| Time: | | | Original Collection Date: | | | |
| Proximity: | | | | Time | | |
| (1 = Same; 2 = Upstre | eam; 3 = Downstream) | | | | | |
| Mail Results To: | | | Type of Supply | : | | |
| WILMINGTON RE | GIONAL OFFICE | PWSS | | Community | X NTNC | |
| 127 CARDINAL D | RIVE EXTENSION | 1 | | Non-Community | Private | |
| WILMINGTON, NC 28405 Type of Treatment: Chlorinated | | | | | | |
| Telephone No. 9107967215 Non-Chlorinated | | | | | | |
| • | IDIED # 04 40 0 | • | Free Chlorine Resid | lual: | | |
| EIN #: 566000372 | Q COL | JRIER #: 04-16-3 | 3 | Total Chlorine Resid | dual: | |
| | RESULTS | | | INVALID CODES | | |
| CONTAMINANT MET | HOD PRESENT | ABSENT IN | VALID | 1) Confluent Growth/No C | Coliform Found | |
| Total Coliform 9223B X | | | 2) TNTC/No Coliform Found | | | |
| Fecal/E. Coli 9223B X | | | | 3) Turbid Culture/No Coliform Found4) Over 30 Hours Old | | |
| Heterotrophic P.C/ml | | | | 5) Improper Sample or Analysis | | |
| | (numbe | er) | | , | , | |
| Repeat Samples Required | | | | Replacement Samples Required | | |
| Date Analysis Begun: 03/07/17 | | | | Time Analysis Begun: 09:15 AM | | |
| Date Analysis Completed: 03/08/17 | | | | Time Analysis Completed | 09:30 AM | |
| Laboratory Log #: | | | | | n Beasley | |
| COMMENTS: Specia | al / Non-compliance (S | SP), Water Source: 0 | SW, Semi cloudy. | Ties | en Beasley | |