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: N	IEW HANOVER	
Water System ID #:	70-65-068			
Name of System:	24 FIT			
Sample Type:	imple Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE: 03/07/16 TIME: 10:58 AM			8 AM	
Location where collected:	WELLHEAD FAU	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 Lo	cation Code:		Original Sample Type:	
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
т	ime:		Original Collection Date:	
Proximity:			Time	
(1 = Same; 2 = Upstre	am; 3 = Downstream)			
Mail Results To:			Type of Supply:	
WILMINGTON RE	GIONAL OFFICE P	WSS		
127 CARDINAL DRIVE EXTENSION				
Telephone No.	9107967215		Eree Chlorine Residual	
EIN #: 566000372Q COURIER #: 41-63-33			33 Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT MET	HOD PRESENT	ABSENT IN	VALID 1) Confluent Growth/No Coliform Found	
Total Coliform Coli	sure	X	2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found	
Fecal/E. Coli			4) Over 30 Hours Old	
Heterotrophic P.C.	(number)	/ml	5) Improper Sample or Analysis	
Repeat Samples Requi	red		Replacement Samples Required	
Date Analysis Begun:	03/08/16		Time Analysis Begun: 09:20 AM	
Date Analysis Completed:	03/09/16		Time Analysis Completed: 09:55 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW				