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 #:   **3 7 5 0 1**   County: **New Hanover**

Water System ID #:   **70-65-068**

Name of System: **24 Fit**

Sample Type: **5**   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **03/07/16**   TIME: **10:43 AM**

Location where collected: **Bathroom Sink**

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 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 = Upstream; 3 = Downstream)

Mail Results To: Type of Supply:

   WILMINGTON REGIONAL OFFICE PWSS   ☐ Community   ☐ NTNC

   127 CARDINAL DRIVE EXTENSION   ☐ Non-Community   ☐ Private

   WILMINGTON, NC 28405   Type of Treatment: ☐   Chlorinated

   Telephone No.   9107967215   ☐   Non-Chlorinated

   EIN #: 566000372Q   **COURIER #: 41-63-33**   Free Chlorine Residual: _____
                                        Total Chlorine Residual: _____

| **RESULTS** | **INVALID CODES** |

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	☒	☐	☐
Fecal/E. Coli	**9223B**	☐	☒	☐
Heterotrophic P.C.	_____	_____ /ml (number)		

INVALID CODES
1) Confluent Growth/No Coliform Found
2) TNTC/No Coliform Found
3) Turbid Culture/No Coliform Found
4) Over 30 Hours Old
5) Improper Sample or Analysis

☐ Repeat Samples Required   ☐ 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