

N.C. Department of Environmental, Health, and Natural Resources  
Division of Laboratory Services  
State Laboratory of Public Health  
P.O.Box 28047 - 4312 District Drive  
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DO NOT WRITE IN THIS SPACE

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: PENDER  
Water System ID #: 04-71-447  
Name of System: HAMPSTEAD STATION SHOPPING CENTER  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 03/08/17 TIME: 10:49 AM  
Location where collected: SOUTH STATE BANK BREAKROOM 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:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:  (1 = Same; 2 = Upstream; 3 = Downstream)

**FOR REPLACEMENT SAMPLE:**

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To:

**WILMINGTON REGIONAL OFFICE PWSS**  
**127 CARDINAL DRIVE EXTENSION**  
**WILMINGTON, NC 28405**  
**Telephone No. 9107967215**  
**EIN #: 566000372Q      COURIER #: 04-16-33**

Type of Supply:

Community       NTNC  
 Non-Community       Private

Type of Treatment:

Chlorinated  
 Non-Chlorinated

Free Chlorine Residual: 0.15 mg/l  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: 03/09/17  
Date Analysis Completed: 03/10/17  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 08:30 AM  
Time Analysis Completed: 09:00 AM  
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), Water Source: GW, Disinfectant Used:  
Chlorine

