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: New H	anover		
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:	03/21/16 TIME: 11:50 AM				
Location where collected:	Well head 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 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 = Upstre	am; 3 = Downstream)				
Mail Results To: Type of Supply:					
WILMINGTON REGIONAL OFFICE PWSS					
127 CARDINAL DRIVE EXTENSION					
WILMINGTON, NC 28405 Type of Treatment:					
Telephone No.	9107967215		Non-Chlorinated		
EIN #: 566000372Q COURIER #: 41-63-33				Free Chlorine Residual: Total Chlorine Residual:	
				ai.	
	RESULTS		INVALID CODES		
CONTAMINANT MET	HOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Co	liform Found	
Total Coliform Coli	isure		2) TNTC/No Coliform Found		
Fecal/E. Coli			<ol> <li>Turbid Culture/No Colifor</li> <li>Over 30 Hours Old</li> </ol>	rm Found	
Heterotrophic P.C.		/ml	5) Improper Sample or Ana	lysis	
	(number)	)			
Repeat Samples Required   Replacement Samples Required					
Date Analysis Begun:	03/22/16		Time Analysis Begun:	09:10 AM	
Date Analysis Completed: 03/23/16			Time Analysis Completed:	09:35 AM	
Laboratory Log #:				Beasley	
COMMENTS: Specia	al / Non-compliance (SF	P), System Type TNC, Wa	ter Source: GW	Baaley	