N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 306 N. Wilmington Street
Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Carteret**

Water System ID #: **70-16-032**

Name of System: **Dollar General Store # 10234**

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

Collected on: DATE: **04/06/11** TIME: **12:50 PM**

Location where collected: **Men's Restroom Sink- New Sink 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:

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

WILMINGTON, NC 28405-3845

Telephone No. 910-796-7215

Type of Supply:

☐ Community ☐ NTNC
☐ Non-Community ☐ Private

Type of Treatment: ☐ Chlorinated
☐ Non-Chlorinated

Free Chlorine Residual: _____

Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**Colisure**	X		
Fecal/E. Coli	**Colisure**		X	
Heterotrophic P.C.		_____ (number) /ml		

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: **04/07/11**

Date Analysis Completed: **04/08/11**

Laboratory Log #: **26092**

Time Analysis Begun: **08:30 AM**

Time Analysis Completed: **09:10 AM**

Certified By: **Susan Beasley**

Susan Beasley

COMMENTS: System Type: TNC, Water Source: GW

DEHNR 3757 (10/90)
Public Water Supply Section (Revised 10/92)