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Division of Laboratory Services
State Laboratory of Public Health
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DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: NEW HANOVER
Water System ID #: 70-65-013
Name of System: EAGLE ISLAND FRUIT & SEAFOOD
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 04/08/15 TIME: 14:40 PM
Location where collected: KITCHEN 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**
WILMINGTON, NC 28405-3845
Telephone No. 910-796-7215
EIN #: 56 2033372 Q COURIER #: 04-16-33

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 | <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: 04/09/15 Time Analysis Begun: 08:30 AM
Date Analysis Completed: 04/10/15 Time Analysis Completed: 09:00 AM
Laboratory Log #: _____ Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,
Disinfectant Used: N/A

