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 HANOVER			
Water System ID #: 70-65-013		_				
Name of System:	EAGLE ISLAND F	RUIT & SEAF	OOD			
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	04/08/15 TIME: 14:43 PM					
Location where collected:	WELLHEAD FAUCET					
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:		Collected By	: Allen Ba	ker		
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:		
Previous Positive Loca		Original Sample Type:				
Positive Collection Date: (1=F				outine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time: Origi			al Collection Date:			
Proximity:				Time		
(1 = Same; 2 = Upstream	; 3 = Downstream)					
Mail Results To: Type of Supply:						
WILMINGTON REGIONAL OFFICE PWSS					NTNC Private	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated						
Telephone No. 910-796-7215				Non-Chlorinated		
EIN #: 56 2033372 Q COURIER #: 04-16-33			33	Free Chlorine Residual:		
				Total Chlorine Residua	l:	
RESULTS				INVALID CODES		
CONTAMINANTMETHODPRESENTABSENTINVALIDTotal Coliform9223BImage: State			 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old 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 E		
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,						

Disinfectant Used: N/A.