

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Pender  
Water System ID #: 04-71-136  
Name of System: Camp Kirkwood  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 05/05/14 TIME: 12:00 PM  
Location where collected: Well 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**  
**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					INVALID CODES
CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID	
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1) Confluent Growth/No Coliform Found
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) TNTC/No Coliform Found
Heterotrophic P.C.	_____	_____ /ml			3) Turbid Culture/No Coliform Found
		(number)			4) Over 30 Hours Old
					5) Improper Sample or Analysis

Repeat Samples Required  Replacement Samples Required

Date Analysis Begun: 05/06/14 Time Analysis Begun: 08:25 AM  
Date Analysis Completed: 05/07/14 Time Analysis Completed: 08:35 AM  
Laboratory Log #: \_\_\_\_\_ Certified By: **Susan Beasley**

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

