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 #: Water System ID #:	<u>37501</u> 50-82-020	County: <b>PAMLICO</b>		
Name of System:	TASTE OF HEAVI	TASTE OF HEAVEN CAMPGROUND		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	ATE: 05/10/16	TIME: 11:56 AM		
Location where colled	ed: BACK-YARD HYDRANT			
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 REPLACEMENT SAMPLE:				
Previous Positive Location Code: Original Sample T			al Sample Type:	
Positive Collection Date: (1=Routine; 2=Repeat; 3=Plan Approval; 4=			utine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time: Origin			al Collection Date:	
Proximity:			Time	
(1 = Same; 2 = Upstream; 3 = Downstream)				
Mail Results To: Type of Supply:				
WILMINGTON REGIONAL OFFICE PWSS				
127 CARDINAL DRIVE EXTENSION				
Telephone No. 9107967215			Free Chlorine Residual:	
EIN #: 56600	0372Q COUR	IER #: 41-63-33	Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B 9223B (number)	ABSENT INVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun: 05/11/16			Time Analysis Begun: 09:15 AM	
Date Analysis Completed: 05/12/16			Time Analysis Completed: 09:15 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS:	Special / Non- compliance (SP), System Type: TNC, Water Source: GW.			
	Near chicken pin.			