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 #: Water System ID #:	37501 04-67-042	County:	Onslow	_		
Name of System:						
Sample Type:	_	GMC - Camp Lejeune - New River Air Station (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	05/19/09	TIME: 0		4 - Flan Approval, 5 - Other)		
Location where collected:	VL104	THVIL	9.23 AIVI			
	_	n: 2 = General	Tan: 3 = End Ta	ap; 4 = Source/Intakes; 5 = Other)		
Location Type: Location Code:	104	Collected		ine Williams		
Location Code.	104	Ooliccica		ne williams		
FOR REPEAT SAMPLE:			FOR RE	PLACEMENT SAMPLE:		
Previous Positive Loc	Original Sample Type:					
Positive Collection Da	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Time:		Original Collection Date:				
Proximity:			Time:			
(1 = Same; 2 = Upstrea	m; 3 = Downstream)					
Mail Results To:	Type of Supply:					
			• •	X Community	NTNC	
WILMINGTON REG	SIONAL OFFICE F	PWSS		Non-Community	Private	
WILMINGTON NO	20405 2045		T 4			
WILMINGTON, NC	20405-3045		rype or	Treatment: Chlorinated X Non-Chlorinated		
Telephone No.	910-796-7215			Free Chlorine Residua	al: 0.0 mg/l	
				Total Chlorine Residua		
	RESULTS			INVALID CODES		
CONTAMINANT METH	OD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Col		
Total Coliform 310	<u> </u>	X		 TNTC/No Coliform Found Turbid Culture/No Coliforn 		
Fecal/E. Coli		Ш	Ш	4) Over 30 Hours Old	iii i oulid	
Heterotrophic P.C.		/ml		5) Improper Sample or Anal	ysis	
_	(number)				
Repeat Samples Required			Replacement Samples F	Required		
Date Analysis Begun:	05/20/09			Time Analysis Begun:	07:55 AM	
Date Analysis Completed:	05/24/09			Time Analysis Completed:	09:00 AM	
Laboratory Log #:	5003			Certified By: Susan	Beasley	
COMMENTS						
COMMENTS:						