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 H	ANOVER		
Water System ID #:	04-65-199 CAPE WATER SYSTEM				
Name of System:					
Sample Type:					
Collected on: DATE:	06/01/15	TIME: <b>09:48 AM</b>	_		
Location where collected:	WELL#2 ET				
Location Type:	(1 = Entry Tap	o; 2 = General Tap; 3 = E	End Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By:	HEIDI COX		
FOR REPEAT SAMPLE:		FO	R REPLACEMENT SAMPLE:		
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date:		(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:		Тур	pe of Supply:		
WILMINGTON REGIONAL OFFICE PWSS Community NTNC					
			Non-Community	Private	
WILMINGTON, NC	28405-3845	Tvr	pe of Treatment: Chlorinated		
Telephone No. 910-796-7215 Non-Chlorinated					
EIN #: 56 2033372		RIER #: 04-16-33	Free Chlorine Res	idual:	
	<b>Q</b> 0001	NEIX #. 04-10-00	Total Chlorine Res	sidual:	
	RESULTS		INVALID CODES		
CONTAMINANT METH	NTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Coliform F		Coliform Found		
Total Coliform 9223B X			•	2) TNTC/No Coliform Found	
Fecal/E. Coli 9223B X			· ·	Turbid Culture/No Coliform Found     Over 30 Hours Old	
Heterotrophic P.C.		/ml	5) Improper Sample or A	Analysis	
	(number	)	5) mpropor 55mpro 51	,	
Repeat Samples Required			Replacement Sampl	Replacement Samples Required	
Date Analysis Begun:	06/02/15	Time Analysis Begun:	09:15 AM		
Date Analysis Completed: 06/03/15			Time Analysis Complete	ed: <b>09:20 AM</b>	
Laboratory Log #:				an Beasley	
COMMENTS: Special	/Non-compliance (SP)	, Water Source: GW, Ra	aw water, Well #2 @ ET	ean Beaaley	