N.C. Department of Environmental, Health, and Natural Resources
Division of Laborabory Services
State Laboratory 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 #:   **3 7 5 0 1**   County: **TYRRELL**

Water System ID #:   **04-89-402**

Name of System: **ALLIGATOR RIVER MARINA**

Sample Type: **5**   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **06/07/17**   TIME: **10:45 AM**

Location where collected: **KITCHEN SINK**

Location Type: ☐   (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: **001**   Collected By: **Joey White**

FOR REPEAT SAMPLE: **FOR 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 = Upstream; 3 = Downstream)

Mail Results To: Type of Supply:

WASHINGTON REGIONAL OFFICE PWSS   ☐ Community   ☐ NTNC

943 WASHINGTON SQUARE MALL   ☐ Non-Community   ☐ Private

WASHINGTON, NC 27889   Type of Treatment: ☐ Chlorinated

Telephone No.   2529466481   ☐ Non-Chlorinated

EIN #: 562033116F   **COURIER #: 16-04-01**   Free Chlorine Residual: _____
                                          Total Chlorine Residual: _____

RESULTS   ### INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**Colisure**	☐	☒	☐
Fecal/E. Coli	**Colisure**	☐	☒	☐
Heterotrophic P.C.	_____	_____ /ml		
		(number)		

1) Confluent Growth/No Coliform Found
2) TNTC/No Coliform Found
3) Turbid Culture/No Coliform Found
4) Over 30 Hours Old
5) Improper Sample or Analysis

☐ Repeat Samples Required   ☐ Replacement Samples Required

Date Analysis Begun: **06/08/17**   Time Analysis Begun: **08:20 AM**

Date Analysis Completed: **06/09/17**   Time Analysis Completed: **09:10 AM**

Laboratory Log #: _____   Certified By: **Susan Beasley**

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