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 #: Name of System:	37501 04-65-199 Cape WS	County: New Hanover		
Sample Type:		2 = Repeat; 3 = Replacement; 4 = Plar	n Approval: 5 = Other)	
Location where colle				
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3 = End Tap; 4 = S	Source/Intakes; 5 = Other)	
Location Code:		Collected By: Heidi Co	ox	
FOR REPEAT SAME	PLE:	FOR REPLACE	MENT SAMPLE:	
Previous Posi	tive Location Code:	Origina	al Sample Type:	
Positive Collec	ction Date:	(1=Rou	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:	Origina	al Collection Date:	
Proximity:	]		Time	
(1 = Same; 2 =	Upstream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WILMINGTO	N REGIONAL OFFICE P	wss	Community NTNC Non-Community Private	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated				
Telephone No. 910-796-7215 Non-Chlorinated				
•		IIER #: 04-16-33	Free Chlorine Residual:  Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT  9223B  9223B  (number)	ABSENT INVALID  X  /ml	<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 Date Analysis Comp Laboratory Log #: COMMENTS:	leted: 06/10/15	,System Type: C, Water Source: GW	Time Analysis Begun: 08:35 AM Time Analysis Completed: 08:50 AM Certified By: Susan Beasley  , well 2	
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